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FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
JANUARY 1–DECEMBER 31, 1996
VOLUME 2 OF 3

United States Congressional Serial Set

Serial Number 14421

United States Government Printing Office
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105th Congress, 1st Session - - - - - - - - - - - - - - House Document 105–110

FINANCIAL DISCLOSURE
REPORTS
OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES

FOR THE PERIOD BETWEEN

January 1, 1996 and December 31, 1996

COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO 2 U.S.C. 703(d)(1) AND RULE XLIV, CLAUSE 1, OF THE HOUSE RULES

(Volume 2 of 3)

JULY 24, 1997.—Referred to the Committee on House Oversight and ordered to be printed

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U.S. GOVERNMENT PRINTING OFFICE
42-410 WASHINGTON : 1997

LETTER OF TRANSMITTAL

Office of the Clerk,
U.S. House of Representatives,
Washington, DC, July 22, 1997.

Hon. Newt Gingrich,
The Speaker, The Capitol,
House of Representatives, Washington, DC.

Dear Mr. Speaker: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 4, § 103 *et seq.*), and House Rule XLIV.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XLIV by May 15, 1997, and includes the financial transactions as reported therein which occurred between January 1, 1996 and December 31, 1996.

House Rule XLIV provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

Sincerely yours,

Robin H. Carle,
Clerk, U.S. House of Representatives.

Enclosure.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
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HC APR 23 1997 (49)
(Office Use Only)

Tillie K. Fowler
(Full Name)

4730 Prince Edward Road; Jacksonville, FL 32210 202 225-2501
(Mailing Address) Daytime Telephone

Contact: Buck Fowler 904 246-4886

Filer Status ☒ Member of the U.S. House of Representatives State: Florida District: Fourth ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C. app. 4, §104 and 18 U.S C §1001).

SIGNATURE OF REPORTING INDIVIDUAL Tillie K. Fowler

DATE (Month/Day/Year) 4/23/97

Name Tillie K. Fowler

Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	R. W. Fowler and Associates, Inc. and Related Companies	Spouse Salary	NA
	Atlantic Beach, Florida		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Tillie K. Fowler

Page 3 of 11

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
1. SP	R. W. Fowler and Associates								X				X													X			
	Inc. and Related Companies																												
	Stock																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K, Fowler

Page 4 of 11

		BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
	SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
2.	SP	Note receivable from sale of					X									X								X						
		unimproved property located at																												
		4500 block Ortega Forest Drive																												
		Jacksonville, Florida																												
3.	DC	SunTrust Banks		X										X						X										
		Common Stock																												
4.	SP	Paine Webber, Inc.							X													NA								
		IRA Account																												
		Jacksonville, FL																												
		(Listing of Assets																												
		on Attached Schedule)																												

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

Page 5 of 11

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
5.	SP	Lo Jack Corporation			X															X										
		Common Stock																												
6.	SP	Sun Trust				X										X						X								
		Bank Accounts																												
7.	SP	635 A Ponte Vedra Boulevard						X							X										X					
		Ponte Vedra Beach, FL																												
8.	SP	Douglas Partnership I, Ltd.			X										X						X									
		Office Building																												
		3415 Apalachee Parkway																												
		Tallahassee, FL																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

Page 6 of 11

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
9.		South Trust Bank			X											X					X									
		Bank Accounts																												
		Jacksonville, FL																												
10.		First National Bank of		X												X					X									
		Baldwin County																												
		Bank Account																												
		Milledgeville, GA																												
11.		South Trust Bank		X																			NA							
		IRA Account																												
		Jacksonville, FL																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K, Fowler

Page 7 of 11

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
12.		First Union Bank of Florida			X											X						X								
		Bank Accounts																												
		Jacksonville, FL																												
13.	SP	U. S. Treasury Note	X													X							X							
		Matured 6/30/96																												
14.	SP	National Integrity Life				X										X					X									
		Insurance Company Annuity																												
		Matures 12/12/06																												
15.	SP	Island One Communications		X																X										
		Common Stock																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K, Fowler

Page 8 of 11

		BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
	SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
16.	SP	Speakeasy Partnership					X													X										
17.	SP	Paine Webber Cash Fund		X												X						X								

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Name Tillie K. Fowler

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Association of American Railroads, Legislative Conference		Apr 10-14	Jax, FL-Pebble Beach, CA-Jax, FL	Y	Y	Y	2 Days

This page may be copied if more space is required.

Name Tillie K, Fowler	**Page** 10 **of** 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SEE ATTACHED LIST

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

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Use additional sheets if more space is required.

Part VIII-Positions

Uncompensated

Board Member - St. Vincent's Foundation, Jacksonville, Florida
Honorary Member

Board Member - American Red Cross, N. E. Florida Chapter

Board Member - World Golf Village, Ponte Vedra Beach, Florida

Board Member - U. S. Naval Academy, Annapolis, Maryland

December 1996
PAINEWEBBER ACCESS
Individual Retirement Rollover Account

PAINEWEBBER INC
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

Page 1 of 11

Net account value on November 29	$	104,049.34 *
Net account value on December 31	$	103,333.34 *
Money funds in 12/31 value	$	4,945.73

* *Excludes unpriced assets. See back for details*

PaineWebber
Retirement Account

L BUCK FOWLER
PO BOX 330508
ATLANTIC BEACH FL 32233-0508

Activity summary

Account value on November 29		$	104,049.34
Cash flow			
Earnings / capital return	+ 55.76		
Proceeds from security transactions	+ 3,525.36		
Funds used for security transactions	-4,134.73		
Security transactions *(Excludes Money fund transactions)*			
Securities purchased	+ 4,134.73		
Securities sold	-3,525.36		
Change in value of investments	-771 76		
Account value on December 31		$	103,333.34

Contribution summary

We have categorized deductible and non-deductible contributions based on information you have provided
To ensure accuracy please provide the most current information

	Current period	Tax year 1996	Tax year 1995
Transfers	.00	.00	96,000.00

Earnings and capital return summary

Earnings / capital return categories are for the current calendar year All prior year entries are summarized separately
This information should not be used for tax purposes See back for details

		Current period		Year-to-date
PaineWebber Money fund dividends	$	26.16	$	226.12
Other dividends		29.60		354 28
Total earnings / capital return	$	55.76	$	580.40
Prior year(s) entries and adjustments		.00		9.20

Account instructions
Your PaineWebber ACCESS account is managed by G.D. BJURMAN-EQUITY.
PaineWebber is your IRA Rollover custodian.

Bulletin Board
IF YOU DO NOT HOLD OUTSIDE ASSETS:
1) RETAIN THIS STMT FOR 1996 YEAR-END VALUE,
2) THIS INFO IS BEING FURNISHED TO THE IRS,
3) NET ACCT VALUE + ANNUITIES = TOTAL VALUE

Asset summary

See reverse side for information on assets excluded from this summary

	% of portfolio		
Equities	95.21		98,38
Money funds	4 79		4,94
Total invested assets	100.00	$	103,33
Net account value		$	103,33

December 1996
PAINEWEBBER ACCESS
Individual Retirement Rollover Account

Page 2 of 11

PaineWebber
Retirement Account

Investment objectives

Investment objectives describe the general goals you have for your investments within an account. We understand that the investment objective(s) for this account are the following, in order of priority:

1 Growth   2. Income   3. Investment grade   4. Speculation

If you have any questions concerning these investment objectives, or wish to change the investment objectives for this account, call your Investment Executive or Branch Manager for your branch office

Asset portfolio

*When available, prices, income and current values may be approximate and thus gains/losses may not be accurately reflected. Details on back An asterisk (*) indicates a change in the original transaction data from the prior month or the display of new data input at your branch office Gains/losses are not calculated for zero coupon investments*

Equities

Common stock

Total shares	Description	Price	Current value	Est annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unr. G.
30	ACCUSTAFF INC	21.125	633.75		08/08/96	30.000	30.500	915	
30	ASCEND COMMUNICATIONS INC	62.125	1,863.75		05/08/96	30.000	62.500	1,875	
30	BAKER HUGHES INC	34.500	1,035.00	14	03/15/96	30 000	29.250	877	
34	BANK OF BOSTON CORP	64.250	2,184.50	60	09/18/95	34 000	36.022	1,224	
40	BIOGEN INC	38.750	1,550.00		01/10/96	20.000	30.875	617	
					06/19/96	20 000	29.250	585	
60	BOSTON CHICKEN INC	35.875	2,152.50		09/13/96	20.000	35.359	707	
					09/16/96	40.000	35 091	1,403	
60	CADENCE DESIGN SYSTEM	39.500	2,370.00		11/07/95	30.000	23.916	717	
					11/08/95	30.000	24.083	722	
40	CISCO SYS INC	63.625	2,545.00		09/18/95	40.000	24 125	965	
70	DEAN FOODS CO	32.250	2,257.50	53	10/10/96	15.000	29.615	444	
					10/11/96	25.000	30 253	756	
					10/14/96	15 000	29 847	447	
					10/15/96	15 000	29 750	446	
40	DIAMOND OFFSHORE DRILLING INC	57.000	2,280 00		09/18/96	20 000	56 115	1,122	
					09/23/96	20.000	52 750	1,055	
60	DSP COMMUNICATIONS INC	19 375	1,162.50		08/07/96	60 000	26 781	1,606	
70	DURA PHARMACEUTICALS INC	47.750	3,342 50		07/15/96	20.000	25 225	504	
					07/16/96	40 000	21 009	840	

Common stock - continued

Total shares	Description	Price	Current value	Est. annual income	Trade date	Shares purchased	Purchase price	Cost basis
					07/22/96	10.000	24.667	246
60	EAGLE HARDWARE & GARDEN INC	20.750	1,245.00		07/11/96	15.000	15.375	230
					07/12/96	20.000	16.735	334
					07/15/96	25.000	17.505	437
40	FIRST USA INC	34.625	1,385.00	10	09/18/95	40.000	25.062	1,002
40	FLORES & RUCKS INC	53.250	2,130.00		11/01/96	5.000	47.637	238
					11/04/96	5.000	48.325	241
					11/05/96	5.000	48.853	244
					11/06/96	5.000	49.183	245
					11/11/96	20.000	49.499	989
40	GALOOB TOYS INC	14.125	565.00		06/21/96	25.000	25.618	640
					06/24/96	5.000	26.079	130
					06/25/96	10.000	26.906	269
40	GENESIS HEALTH VENTURES INC	31.125	1,245.00		05/23/96	20.000	31.625	632
					05/29/96	20.000	32.250	645
120	GLOBAL MARINE NEW	20.625	2,475.00		01/11/96	20.000	8.750	175
					01/12/96	30.000	8.750	262
					01/15/96	10.000	8.125	81
					01/16/96	20.000	7.875	157
					01/17/96	30.000	8.000	240
					07/23/96	10.000	15.125	151
40	HBO & CO	59.375	2,375.00	3	05/08/96	40.000	55.611	2,224
90	HEALTH MGMT ASSN INC NEW CL A	22.500	2,025.00		04/17/96	90.000	21.920	1,972
70	HILTON HOTELS CORP	26.250	1,837.50	22	11/04/96	35.000	31.000	1,085
					11/05/96	35.000	30.500	1,067
30	INPUT/OUTPUT INC	18.500	555.00		08/22/96	30.000	33.375	1,001
20	INTEL CORP	130.938	2,618.76	4	11/04/96	20.000	109.750	2,195
50	INTERSTATE BAKERIES CORP DEL NEW	49.125	2,456.25	27	10/10/96	15.000	39.877	598
					10/14/96	10.000	42.750	427
					10/14/96	5.000	42.676	213
					10/18/96	20.000	44.164	883
50	LEAR CORP	34.125	1,706.25		05/29/96	5.000	38.125	190
					06/03/96	45.000	38.680	1,740
45	MCAFEE ASSOCIATES INC	44.000	1,980.00		02/14/96	45.000	21.694	976

Common stock - continued

Total shares	Description	Price	Current value	Est. annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unre Ga
60	MEYER FRED INC DELA	35.500	2,130.00		10/10/96	30.000	34.071	1,022	
					10/11/96	15.000	34.576	518	
					10/16/96	15.000	34.773	521	
80	OMNICARE INC	32.125	2,570.00	5	09/18/95	80.000	18.000	1,440	
45	ORACLE CORP	41.750	1,878.75		09/18/95	45.000	26.333	1,185	
40	PAIRGAIN TECHNOLOGIES INC	30.438	1,217.52		05/03/96	40.000	24.750	990	
30	PAYCHEX INC	51.438	1,543.14	11	09/18/95	30.000	29.833	895	
40	PEOPLESOFT INC	47.938	1,917.52		09/18/95	40.000	19.500	780	
20	RAYCHEM CORP	80.125	1,602.50	8	05/03/96	20.000	76.250	1,525	
70	READING & BATES CORP NEW	26.500	1,855.00		02/16/96	70.000	18.875	1,321	
80	REYNOLDS&REYNOLDS A	26.000	2,080.00	26	09/18/95	80.000	18.000	1,440	
50	ROSS STORES INC	50.000	2,500.00	14	03/11/96	50.000	25.500	1,275	
155	SANTA FE ENERGY RES INC	13.875	2,150.62		09/12/96	90.000	13.404	1,206	
					09/13/96	30.000	13.299	398	
					09/16/96	5.000	13.375	66	
					09/17/96	15.000	13.233	198	
					09/19/96	15.000	13.375	200	
20	SCI SYSTEMS INC	44.625	892.50		11/07/95	10.000	35.000	350	
					11/08/95	10.000	33.250	332	
30	SEACOR HLDGS INC	63.000	1,890.00		12/09/96	10.000	63.625	636	
					12/10/96	20.000	63.986	1,279	
60	STERIS CORP	43.500	2,610.00		09/16/96	60.000	35.212	2,112	
40	SUN MICROSYSTEMS INC	25.688	1,027.52		06/11/96	40.000	31.000	1,240	
60	TELLABS INC	37.625	2,257.50		04/26/96	30.000	28.750	862	
					05/01/96	30.000	27.625	828	
50	TIDEWATER INC	45.250	2,262.50	30	09/18/95	50.000	28.125	1,406	
50	TJX COS INC NEW	47.375	2,368.75	14	12/09/96	25.000	44.500	1,112	
					12/11/96	5.000	44.500	222	
					12/13/96	15.000	44.250	663	
					12/16/96	5.000	44.000	220	
40	TOMMY HILFIGER CORP	48.000	1,920.00		03/15/96	20.000	46.463	929	
					07/22/96	10.000	48.375	483	
					07/23/96	10.000	49.875	498	
40	TRANSOCEAN OFFSHORE INC	62.625	2,505.00	10	12/15/95	40.000	40.750	1,630	

Common stock - continued

Total shares	Description	Price	Current value	Est. annual income	Trade date	Shares purchased	Purchase price	Cost basis
53	TRAVELERS GROUP INC	45.375	2,404.87	24	09/18/96	53.000	35.156	1,863
70	U S FILTER CORP NEW NEW	31.750	2,222.50		07/11/96	70.000	21.313	1,491
30	USA DETERGENTS INC	41.625	1,248.75		04/19/96	30.000	37.192	1,115
40	VONS COMPANIES INC	59.875	2,395.00		06/19/96	40.000	37.997	1,519
70	WORLDCOM INC	26.063	1,824.41		08/06/96	70.000	27.219	1,905
20	WSTN DIGITAL CORP	56.875	1,137.50		11/06/96	20.000	52.000	1,040
	Total	$	98,387.61	335				78,701

Money funds

Description		Opening balance	Closing balance	Closing share price	Average yield	Dividend period	Days in period
SANSOM ST MNY MKT PRTFL		5,499.34	4,945.73	1.00	5.03%	11/21 - 12/22	32
Total	$	5,499.34 $	4,945.73				

Monthly activity

Cash flow

Date	Activity	Description		Amount
11/29		**Balance forward**	$	.00
12/11	DIVIDEND	RAYCHEM CORP		2.00
		PAID ON 20		
12/12	DIVIDEND	OMNICARE INC		1.20
		PAID ON 80		
12/12	DIVIDEND	TIDEWATER INC		7.50
		PAID ON 50		
12/13	DIVIDEND	DEAN FOODS CO		13.30
		PAID ON 70		
12/20	DIVIDEND	HILTON HOTELS CORP		
		PAID ON 70		
12/24	DIVIDEND	SANSOM ST MONEY MKT FUND		
		Proceeds from security transactions	$	3,5
		Funds used for security transactions	$	-4,1
		Proceeds from money fund transactions	$	2,3
		Funds used for money fund transactions	$	-1,8
12/31		**Closing balance**	$	

Security transactions

Date	Activity	Description	Quantity	Price / Value		Amount
12/02	SOLD	OAKWOOD HOMES CORP	-15.000	21.868900	$	328.01
12/02	DIVIDEND	PEOPLESOFT INC PAID ON 20	20.000			
12/03	DIVIDEND	COMPUSA INC PAID ON 30	30.000			
12/03	DIVIDEND	DSP COMMUNICATIONS INC PAID ON 30	30.000			
12/03	SOLD	OAKWOOD HOMES CORP	-45.000	21.467100		965 98

Security transactions - continued

Date	Activity	Description	Quantity	Price / Value		Amount
12/05	SOLD	OAKWOOD HOMES CORP	-20.000	22.341200	$	446.80
12/11	SOLD	COMPUSA INC	-40.000	21.303600		852.11
12/11	SOLD	REYNOLDS&REYNOLDS A	-20.000	25 1/2		509.98
12/11	DIVIDEND	SUN MICROSYSTEMS INC PAID ON 20	20.000			
12/12	SOLD	COMPUSA INC	-20.000	21 1/8		422.48
12/12	BOUGHT	SEACOR HLDGS INC	10.000	63 5/8		636.25
12/12	BOUGHT	TJX COS INC NEW	25.000	44 1/2		1,112 50
12/13	BOUGHT	SEACOR HLDGS INC	20.000	63.986400		1,279.73
12/16	BOUGHT	TJX COS INC NEW	5.000	44 1/2		222.50
12/18	BOUGHT	TJX COS INC NEW	15.000	44 1/4		663.75
12/19	DIVIDEND	PAIRGAIN TECHNOLOGIES INC PAID ON 20	20.000			
12/19	BOUGHT	TJX COS INC NEW	5.000	44		220.00
		Securities purchased			$	4,134.73
		Securities sold			$	3,525.36

Money fund transactions

The Sansom Street Money Market Portfolio is your primary sweep fund.

Date	Activity	Money fund		Amount
11/29		**Opening Sansom St Money Market Prtfl**	**$**	**5,499.34**
12/03	BOUGHT	SANSOM MONEY MKT PORTFOLIO		328.01
12/04	BOUGHT	SANSOM MONEY MKT PORTFOLIO		965.98
12/06	BOUGHT	SANSOM MONEY MKT PORTFOLIO		446.80
12/12	BOUGHT	SANSOM MONEY MKT PORTFOLIO		37.82
12/13	SOLD	SANSOM MONEY MKT PORTFOLIO		-1,271.03
12/16	SOLD	SANSOM MONEY MKT PORTFOLIO		-209.20
12/18	SOLD	SANSOM MONEY MKT PORTFOLIO		-663.75

Date	Activity	Money fund		A
12/19	SOLD	SANSOM MONEY MKT PORTFOLIO		-2
12/23	BOUGHT	SANSOM MONEY MKT PORTFOLIO		
12/24	BOUGHT	SANSOM MONEY MKT PORTFOLIO		2
12/31		**Closing Sansom St Money Market Prtfl**	$	4,94
		Money funds purchased	$	1,81
		Money funds sold	$	-2,36

Preliminary 1996 Realized Gains/Losses

Estimated 1996 realized gains/losses for transactions with trade dates through 12/31/96 have been incorporated into this statement so that you receive this information as early as possible Corrections and adjustments may b January which may change the information provided below Regulated futures held in the account on 12/31/96 must be marked to the market. If you hold regulated futures, mark-to-market realized entries and any other adjust appear on your January statement as well as your 1996 Year-End Summary mailed in February. This information can be used for tax and investment planning but should not be used for tax filing purposes and may not be a co Estimates are not provided for zero coupon investments Gains/losses are automatically adjusted for amortization of bond premiums on tax-exempt and AMT eligible coupon municipals but may not be adjusted for all capital c oldest security lot was liquidated first (FIFO accounting) unless you specified which lot to close when you placed your order (a versus purchase or VSP order). Estimates in the "Unclassified" section are not able to be classifi term or long-term due to missing information or the product is one for which a gain/loss calculation is not provided. An asterisk (*) indicates a manual change in information or a position opened and closed during the curren Details on back

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain
Short-term capital gains and losses - Assets held one year or less:								
ACC CORP	FIFO	10.000	07/15/96	10/08/96	$ 417.50	$ 336.67		$ 80.83
	FIFO	15.000	07/15/96	10/10/96	635.67	505.00		130.67
	FIFO	5.000	07/15/96	10/11/96	211.58	168.33		43.25
AGCO CORP	FIFO	80.000	09/18/95	09/13/96	1,969.93	2,120.00	-150.07	
ALASKA AIR GROUP INC	FIFO	5.000	03/18/96	09/13/96	97.68	130.00	-32.32	
	FIFO	35.000	03/20/96	09/13/96	683.77	931.88	-248.11	
ASM LITHOGRAPHY HOLDING	FIFO	20.000	11/06/95	07/22/96	762.19	992.50	-230.31	
NV	FIFO	10.000	11/08/95	09/06/96	345.00	476.25	-131.25	
	FIFO	10.000	11/08/95	09/16/96	343.75	476.25	-132.50	
ATLANTIC RICHFIELD CO	FIFO	20.000	09/18/95	04/12/96	2,360.49	2,252.50		107.99
BANK OF BOSTON CORP	FIFO	10.000	09/18/95	08/06/96	534.98	360.23		174.75
BLACK & DECKER CORP	FIFO	50.000	05/30/96	11/01/96	1,848.13	2,062.50	-214.37	
BORDERS GROUP INC	FIFO	60.000	05/08/96	11/04/96	2,062.93	1,980.00		82.93
C-CUBE MICROSYSTEMS INC	FIFO	10.000	04/17/96	05/23/96	490.00	590.00	-100.00	
	FIFO	20.000	04/17/96	06/14/96	701.47	1,180.00	-478.53	
CABLETRON SYSTEMS INC	FIFO	20.000	09/18/95	06/10/96	1,364.87	1,242.50		122.37
CADENCE DESIGN SYSTEM	FIFO	10.000	11/07/95	05/29/96	532.48	358.75		173.73
CALIF AMPLIFIER INC	FIFO	10.000	01/15/96	06/11/96	370.00	160.00		210.00
	FIFO	10.000	01/15/96	08/08/96	70.70	160.00	-89.30	
	FIFO	40.000	01/16/96	08/08/96	282.79	588.50	-305.71	
CDI CORP	FIFO	50.000	09/18/95	01/29/96	1,075.99	1,037.50		38.49
	FIFO	40.000	09/18/95	02/14/96	959.96	830.00		129.96
	FIFO	5.000	06/19/96	09/03/96	131.24	174.38	-43.14	
	FIFO	10.000	06/20/96	09/03/96	262.49	348.93	-86.44	
	FIFO	15.000	06/20/96	09/16/96	397.48	523.39	-125.91	
CHESAPEAKE CORP	FIFO	50.000	09/18/95	03/05/96	1,281.20	1,893.75	-612.55	

Preliminary 1996 Realized Gains/Losses - continued

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain
CHESAPEAKE ENERGY CORP	FIFO	10.000	04/25/96	11/05/96	$ 550.52	$ 441.33		$ 109.19
	FIFO	5.000	04/25/96	11/06/96	287.39	220.67		66.72
	FIFO	15.000	05/06/96	11/06/96	862.18	683.75		178.43
CISCO SYS INC	FIFO	20.000	09/18/95	05/29/96	1,102.50	681.25		421.25
	FIFO	40.000	09/18/95	08/08/96	2,310.00	1,362.50		947.50
COMPUSA INC	FIFO	30.000	07/12/96	11/06/96	1,399.46	989.46		410.00
	FIFO	40.000	07/12/96	12/06/96	852.11	659.64		192.47
	FIFO	20.000	07/12/96	12/09/96	422.48	329.82		92.66
CORPORATE EXPRESS INC	FIFO	30.000	10/09/95	05/29/96	1,209.38	716.25		493.13
	FIFO	45.000	10/09/95	09/12/96	1,586.25	1,074.38		511.87
CREDENCE SYSTEMS CORP	FIFO	30.000	09/18/95	03/19/96	525.00	1,087.50	-562.50	
CYPRESS SEMICONDUCTOR CP	FIFO	40.000	09/18/95	04/17/96	524.98	792.50	-267.52	
ECKERD CORP	FIFO	10.000	09/18/95	01/29/96	426.23	372.50		53.73
	FIFO	15.000	09/18/95	06/07/96	324.88	279.38		45.50
	FIFO	45.000	09/18/95	06/10/96	989.96	838.13		151.83
ELTRON INTERNATIONAL INC	FIFO	35.000	10/09/95	04/23/96	857.50	1,006.25	-148.75	
FIRST USA INC	FIFO	20.000	09/18/95	05/17/96	1,179.96	1,002.50		177.46
	FIFO	10.000	09/18/95	06/13/96	562.68	501.25		61.43
FORT HOWARD CORP NEW	FIFO	40.000	03/15/96	07/11/96	795.00	995.00	-200.00	
GENESIS HEALTH VENTURES INC	FIFO	20.000	05/23/96	10/18/96	472.17	632.50	-160.33	
GENL NUTRITION COS INC	FIFO	20.000	11/07/95	05/06/96	357.50	500.00	-142.50	
	FIFO	20.000	11/09/95	05/06/96	357.50	485.00	-127.50	
IMC GLOBAL INC	FIFO	10.000	01/10/96	04/19/96	352.55	383.75	-31.20	
	FIFO	10.000	01/11/96	04/19/96	352.55	387.50	-34.95	
	FIFO	10.000	03/06/96	04/19/96	352.55	422.50	-69.95	
INTL BUSINESS MACH	FIFO	20.000	09/18/95	04/12/96	2,232.42	1,860.00		372.42
J & L SPECIALTY STEEL INC	FIFO	5.000	09/18/95	03/05/96	86.24	123.13	-36.89	
	FIFO	75.000	09/18/95	03/06/96	1,307.71	1,846.88	-539.17	
KAYDON CORP	FIFO	10.000	05/15/96	09/16/96	409.70	462.27	-52.57	
	FIFO	10.000	05/15/96	09/19/96	408.01	462.27	-54.26	
	FIFO	20.000	05/15/96	09/20/96	823.39	924.53	-101.14	
KEMET CORP	FIFO	20.000	09/18/95	05/17/96	460.00	662.50	-202.50	
	FIFO	10.000	09/18/95	05/22/96	215.00	331.25	-116.25	

Preliminary 1996 Realized Gains/Losses - continued

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain
	FIFO	30.000	09/18/95	05/23/96	$ 645.00	$ 993.75	-348.75	
KLA INSTRUMENTS CORP	FIFO	10.000	09/18/95	05/17/96	297.50	460.00	-162.50	
	FIFO	30.000	09/18/95	06/07/96	723.75	1,380.00	-656.25	
	FIFO	20.000	01/29/96	06/07/96	482.50	582.50	-100.00	
LAM RESEARCH CORP	FIFO	10.000	09/18/95	05/17/96	435.00	590.00	-155.00	
	FIFO	10.000	09/18/95	06/03/96	387.50	590.00	-202.50	
	FIFO	5.000	09/18/95	06/04/96	185.00	295.00	-110.00	
	FIFO	5.000	09/18/95	06/05/96	174.04	295.00	-120.96	
LINCARE HLDGS INC	FIFO	20.000	06/07/96	10/15/96	751.58	847.08	-95.50	
	FIFO	20.000	06/10/96	10/15/96	751.58	849.68	-98.10	
	FIFO	10.000	06/19/96	10/15/96	375.79	398.13	-22.34	
LOEWS CORP	FIFO	40.000	09/18/95	05/07/96	2,934.90	2,815.00		119.90
MCAFEE ASSOCIATES INC	FIFO	30.000	02/14/96	08/06/96	1,777.50	976.23		801.27
MEDTRONIC INC	FIFO	10.000	10/09/95	05/03/96	507.48	537.50	-30.02	
MICRON TECHNOLOGY INC	FIFO	20.000	09/18/95	03/13/96	578.37	1,717.50	-1,139.13	
MYLAN LABORATORIES INC	FIFO	80.000	09/18/95	04/24/96	1,589.94	1,890.00	-300.06	
NETWORK GENL CORP	FIFO	10.000	09/18/95	01/10/96	305.00	408.75	-103.75	
	FIFO	10.000	09/18/95	01/12/96	328.75	408.75	-80.00	
	FIFO	10.000	09/18/95	01/12/96	331.25	408.75	-77.50	
	FIFO	10.000	12/28/95	01/15/96	317.21	342.50	-25.29	
	FIFO	10.000	12/28/95	01/16/96	316.25	342.50	-26.25	
NOVELLUS SYSTEMS INC	FIFO	5.000	09/18/95	05/22/96	262.87	382.50	-119.63	
	FIFO	5.000	09/18/95	05/23/96	252.95	382.50	-129.55	
	FIFO	20.000	09/18/95	07/22/96	675.00	1,530.00	-855.00	
OAKWOOD HOMES CORP	FIFO	15.000	05/17/96	11/26/96	328.01	360.35	-32.34	
	FIFO	45.000	05/17/96	11/27/96	965.98	1,081.05	-115.07	
	FIFO	20.000	05/20/96	12/02/96	446.80	488.78	-41.98	
OLYMPIC FINL LTD	FIFO	5.000	09/18/95	09/16/96	124.99	126.25	-1.26	
OMNICARE INC	FIFO	10.000	09/18/95	01/19/96	414.98	360.00		54.98
ORACLE CORP	FIFO	30.000	09/18/95	07/23/96	1,125.00	790.00		335.00
PAIRGAIN TECHNOLOGIES INC	FIFO	10.000	05/03/96	05/23/96	1,010.68	990.00		20.68

Preliminary 1996 Realized Gains/Losses - continued

Security description	*Method*	*Quantity/ Face value*	*Purchase date*	*Sale date*	*Sale amount*	*Purchase amount*	*Loss*	*Gain*
PHYSICIAN COMPUTER	FIFO	20.000	01/11/96	05/07/96	$ 197.86	$ 182.50		$ 15.36
NETWORK INC	FIFO	20.000	01/12/96	05/07/96	197.86	185.00		12.86
	FIFO	10.000	01/15/96	05/07/96	98.93	93.75		5.18
	FIFO	10.000	01/16/96	05/07/96	98.93	93.75		5.18
	FIFO	30.000	01/17/96	05/07/96	296.79	288.75		8.04
READING & BATES CORP NEW	FIFO	10.000	02/15/96	11/06/96	277.49	188.75		88.74
	FIFO	20.000	02/16/96	11/06/96	554.98	377.50		177.48
ROSS STORES INC	FIFO	10.000	03/05/96	05/29/96	405.00	260.00		145.00
	FIFO	5.000	03/05/96	05/30/96	202.50	130.00		72.50
	FIFO	15.000	03/05/96	06/03/96	603.75	390 00		213 75
SILICON GRAPHICS INC	FIFO	50.000	09/18/95	02/14/96	1,345.75	1,881.25	-535.50	
S3 INC	FIFO	10.000	09/18/95	05/17/96	151.25	190 63	-39.38	
	FIFO	35.000	09/18/95	06/06/96	431.20	667.19	-235.99	
	FIFO	35.000	09/18/95	06/07/96	420 00	667.19	-247.19	
TENCOR INSTRUMENTS	FIFO	30.000	09/18/95	05/17/96	753.75	1,297.50	-543.75	
	FIFO	10.000	09/18/95	06/11/96	198.75	432.50	-233.75	
	FIFO	30.000	01/29/96	06/11/96	596.25	712.50	-116.25	
TERADYNE INC	FIFO	50.000	09/18/95	02/14/96	1,087.46	1,862.50	-775.04	
TIDEWATER INC	FIFO	20 000	09/18/95	01/19/96	634 97	562 50		72.47
U S FILTER CORP NEW NEW	FIFO	20 000	07/11/96	11/06/96	667.68	426.26		241 42
U S ROBOTICS CORP	FIFO	20.000	09/18/95	08/16/96	942.50	760 00		182 50
ULTRATECH STEPPER INC	FIFO	20.000	09/18/95	07/15/96	287.02	845.00	-557.98	
	FIFO	20.000	09/18/95	07/16/96	284.88	845.00	-560.12	
UNION CARBIDE CORP	FIFO	50.000	09/18/95	07/11/96	2,006.18	2,050 00	-43.82	
UNION TEXAS PETE HLDGS INC	FIFO	100.000	09/18/95	01/19/96	1,774 94	1,962.50	-187 56	
UNTD HEALTHCARE CORP	FIFO	20.000	09/18/95	05/03/96	1,144.96	940.00		204.96
	FIFO	20.000	09/18/95	05/07/96	1,082.46	940.00		142.46
VIKING OFFICE PRODS INC	FIFO	20.000	04/25/96	09/12/96	494 96	591 88	-96 92	
	FIFO	20.000	04/26/96	09/12/96	494 96	597 80	-102.84	
	FIFO	20.000	07/24/96	09/12/96	494.96	542 50	-47.54	
VONS COMPANIES INC	FIFO	10.000	06/19/96	11/06/96	556.23	379 98		176 25

Preliminary 1996 Realized Gains/Losses - continued

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain	
WATSON PHARMACEUTICAL INC	FIFO	20.000	09/18/95	07/02/96	$ 790.00	$ 880.00	$ -90.00		
	FIFO	20.000	09/18/95	07/25/96	638.63	880.00	-241.37		
WELLS FARGO & CO	FIFO	10.000	09/18/95	05/07/96	2,341.17	1,878.75		462.42	
WILLAMETTE INDUST	FIFO	30.000	09/18/95	02/14/96	1,605.00	2,077.50	-472.50		
3COM CORP	FIFO	30.000	09/18/95	07/11/96	1,308.75	1,316.25	-7.50		
Total					$ 90,421.92	$ 97,395.18	$ -16,112.22	$ 9,138.96	
Net short-term gain/loss									$ -6
Long-term capital gains and losses - Assets held more than one year:									
MEDTRONIC INC	FIFO	20.000	10/09/95	11/04/96	$ 1,267.45	$ 1,075.00		$ 192.45	
OLYMPIC FINL LTD	FIFO	20.000	09/18/95	09/26/96	491.40	505.00	-13.60		
	FIFO	50.000	09/18/95	09/27/96	1,238.62	1,262.50	-23.88		
	FIFO	5.000	09/18/95	10/01/96	122.49	126.25	-3.76		
REYNOLDS&REYNOLDS A	FIFO	20.000	09/18/95	12/06/96	509.98	360.00		149.98	
UAL CORP NEW PAR $0.01	FIFO	20.000	09/18/95	10/08/96	908.04	855.00		53.04	
	FIFO	20.000	09/18/95	10/10/96	888.63	855.00		33.63	
Total					$ 5,426.61	$ 5,038.75	$ -41.24	$ 429.10	
Net long-term gain/loss									$
Total net gain/loss									$ -6,

December 1996
PAINEWEBBER ACCESS
Individual Retirement Rollover Account

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

Page 1 of 6

Net account value on November 29	$	129,207.22 *
Net account value on December 31	$	128,332.63 *
Money funds in 12/31 value	$	10,406.83

* *Excludes unpriced assets. See back for details.*

PaineWebber Retirement Account

L DUCK FOWLER
P O BOX 330508
ATLANTIC BEACH FL 32233-0508

Activity summary

Account value on November 29		$	129,207.22
Cash flow			
Earnings / capital return	+245.90		
Proceeds from security transactions	+6,478.71		
Funds used for security transactions	-7,699.76		
Security transactions *(Excludes Money fund transactions.)*			
Securities purchased	+7,699.76		
Securities sold	-6,467.01		
Change in value of investments	-1,132.19		
Account value on December 31		$	128,332.63

Contribution summary

We have categorized deductible and non-deductible contributions based on information you have provided
To ensure accuracy, please provide the most current information

	Current period	Tax year 1996	Tax year 1995
Transfers	.00	.00	100,000.00

Earnings and capital return summary

Earnings/capital return categories are for the current calendar year. All prior year entries are summarized separately.
This information should not be used for tax purposes. See back for details.

		Current period		Year-to-date
PaineWebber Money fund dividends	$	57.65	$	624.77
Other dividends		188.25		1,555.31
Other		.00		133.00
Total earnings / capital return	$	245.90	$	2,313.08
Prior year(s) entries and adjustments		.00		27.93

Account instructions

Your PaineWebber ACCESS account is managed by OPCAP ADVISORS EQUITY.
PaineWebber is your IRA Rollover custodian.

Bulletin Board

IF YOU DO NOT HOLD OUTSIDE ASSETS:
1) RETAIN THIS STMT FOR 1996 YEAR-END VALUE;
2) THIS INFO IS BEING FURNISHED TO THE IRS;
3) NET ACCT VALUE + ANNUITIES = TOTAL VALUE.

Asset summary

See reverse side for information on assets excluded from this summary

	% of portfolio		
Equities	91.89		117,92
Money funds	8.11		10,40
Total invested assets	100.00	$	128,33
Net account value		$	128,33

December 1996
PAINEWEBBER ACCESS
Individual Retirement Rollover Account

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PaineWebber
Retirement Account

Investment objectives

Investment objectives describe the general goals you have for your investments within an account. We understand that the investment objective(s) for this account are the following, in order of priority.

1 Growth　2. Income　3. Investment grade　4. Speculation

If you have any questions concerning these investment objectives, or wish to change the investment objectives for this account, call your Investment Executive or Branch Manager for your branch office.

Asset portfolio

*When available, prices, income and current values may be approximate and thus gains/losses may not be accurately reflected. Details on back. An asterisk (*) indicates a change in the original transaction data from the prior month or the display of new data input at your branch office. Gains/losses are not calculated for zero coupon investments.*

Equities

Common stock

Total shares	Description	Price	Current value	Est. annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unre Ga
82	AFLAC INC	42.750	3,505.50	33	09/19/95	82.000	27.332	2,241	
70	ARROW ELECTRONICS INC	53.500	3,745.00		09/19/95	70.000	54.250	3,797	
100	AVON PRODUCTS INC	57.125	5,712.50	116	09/22/95	100.000	36.937	3,693	
35	BANK OF BOSTON CORP	64.250	2,248.75	62	12/05/96	20.000	64.987	1,299	
					12/24/96	15.000	66.375	995	
100	BECTON DICKINSON & CO	43.375	4,337.50	52	09/19/95	100.000	29.187	2,918	1
50	CATERPILLAR INC	75.250	3,762.50	80	01/18/96	25.000	59.948	1,498	
					05/16/96	15.000	68.625	1,029	
					06/25/96	10.000	69.125	691	
95	CDN PAC LTD NEW NEW CANADA	26.500	2,517.50	34	12/24/96	35.000	26.500	927	
						60.000	---This information was unavailable---		
60	CHAMPION INTL CORP	43.250	2,595.00	12	09/19/95	60.000	56.250	3,375	
50	CITICORP	103.000	5,150.00	90	09/22/95	50.000	68.750	3,437	1
55	ELECTRONIC ARTS	29.938	1,646.59		01/09/96	55.000	25.986	1,429	
75	FEDERAL HOME LN MTGE COM	110.375	8,278.12	105	09/19/95	75 000	68.625	5,146	3
205	FREEPORT-MCMORAN COPPER &GOLD INC CL B	29.875	6,124.37	185	09/19/95	205.000	24.875	5,099	1
25	GENL ELECTRIC CO	98.875	2,471.87	52	09/19/95	25.000	61 625	1,540	
45	GENL MOTORS CORP	55.750	2,508.75	72	09/19/95	45.000	47.375	2,131	
75	HARRAHS ENTERTAINEMNT INC	19.875	1,490.62		09/19/95	75 000	31 000	2,325	

December 1996
PAINEWEBBER ACCESS
Individual Retirement Rollover Account

PaineWebber
Retirement Account

Common stock - continued

Total shares	Description	Price	Current value	Est. annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unr G
75	HERCULES INC	43.250	3,243.75	75	09/22/95	60.000	59.500	3,570	
					06/25/96	15.000	56.375	845	
30	LOCKHEED MARTIN CORP	91.500	2,745.00	48	12/24/96	30.000	89.000	2,670	
48	LUCASVARITY PLC ADR	38.000	1,824.00		04/18/96	34.000	31.607	1,074	
					06/10/96	14.000	34.820	487	
85	MAY DEPT STORES DEL	46.750	3,973.75	99	09/22/95	85.000	39.637	3,369	
110	MCDONNELL DOUGLAS CORP	65.625	7,218.75	53	09/19/95	110.000	42.125	4,633	
175	MONSANTO COMPANY	38.875	6,803.12	105	11/14/95	175.000	21.700	3,797	
7	NEWPORT NEWS SHIPBUILDING INC	15.000	105.00			7.000	---This information was unavailable---		
65	PROGRESSIVE CORP OHIO	67.375	4,379.37	16	09/22/95	65.000	46.875	3,046	
200	SHAW INDUSTRIES INC	11.875	2,375.00	60	09/19/95	200.000	14.875	2,975	
115	SPRINT CORP	39.875	4,585.62	115	09/19/95	115.000	29.626	3,407	
180	TENET HEALTHCARE CORP	21.875	3,937.50		09/19/95	180.000	16.625	2,992	
35	TENNECO INC (NEW)	45.125	1,579.37			35.000	---This information was unavailable---		
160	TRAVELERS GROUP INC	45.375	7,260.00	72	09/22/95	160.000	25.187	4,030	
45	TRITON ENERGY LTD	48.500	2,182.50		08/13/96	45.000	44.250	1,991	
16	WELLS FARGO & CO	269.750	4,316.00	83	09/22/95	16.000	156.055	2,496	
	Total	$	112,623.30	1,619				84,952	2

Other equity investments

Cost basis and gains/losses have not been adjusted automatically for return of capital payments. Restricted security values are not included in your net account value

Total shares	Description	Price	Current value	Est. annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unre Gai
140	EXEL LTD ORD BERMUDA	37.875	5,302.50	140	09/19/95	140.000	28.937	4,051	1
	Total	$	5,302.50	140				4,051	1

Money funds

Description		Opening balance		Closing balance	Closing share price	Average yield	Dividend period	Days in period
SANSOM ST MNY MKT PRTFL		11,381.98		10,406.83	1.00	5.03%	11/21 - 12/22	32
Total	$	11,381.98	$	10,406.83				

PAINEWEBBER ACCESS
Individual Retirement Rollover Account

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PaineWebber
Retirement Account

Monthly activity

Cash flow

Date	Activity	Description		Amount
11/29		**Balance forward**	$	.00
12/02	DIVIDEND	AVON PRODUCTS INC PAID ON 100		29.00
12/02	DIVIDEND	AFLAC INC PAID ON 82		8.20
12/10	DIVIDEND	GENL MOTORS CORP PAID ON 60		24.00
12/12	DIVIDEND	MONSANTO COMPANY PAID ON 175		26.25
12/13	CASH IN LIEU	EL PASO NATURAL GAS CO NEW		11.70
12/16	DIVIDEND	MAY DEPT STORES DEL PAID ON 85 AS OF 12/15/96		24.65
12/23	DIVIDEND	HERCULES INC PAID ON 75		17.25

Date	Activity	Description		
12/24	DIVIDEND	SANSOM ST MONEY MKT FUND		
12/27	DIVIDEND	SPRINT CORP PAID ON 115		
12/30	DIVIDEND	FEDERAL HOME LN MTGE COM PAID ON 75		
12/30	DIVIDEND	PROGRESSIVE CORP OHIO PAID ON 65		
		Proceeds from security transactions	$	6,4
		Funds used for security transactions	$	-7,6
		Proceeds from money fund transactions	$	7,4
		Funds used for money fund transactions	$	-6,5
12/31		Closing balance	$	

Security transactions

Date	Activity	Description	Quantity	Price / Value		Amount
12/02	SOLD	AMER INTL GROUP INC	-25.000	115.334900	$	2,883.27
12/03	SOLD	GENL MOTORS CORP	-15.000	57		854.97
12/05	SOLD	PROGRESSIVE CORP OHIO	-15.000	70		1,049.96
12/10	BOUGHT	BANK OF BOSTON CORP	20.000	64.987700		1,299.75
12/11	BOUGHT	TENNECO INC	35.000	51 5/8		1,806.88
12/13	EXCHANGE	EL PASO NATURAL GAS CO NEW	3.000			
12/13	SPIN OFF	TENNECO INC (NEW)	35.000			
12/13	EXCHANGE	TENNECO INC	-35.000			
12/17	SPIN OFF	NEWPORT NEWS SHIPBUILDING INC AS OF 12/13/96	7.000			
12/24	SOLD	GENL ELECTRIC CO	-15.000	102		1,529.94
12/27	SOLD	EL PASO NATURAL GAS CO NEW	-3.000	49 5/8		148.87
12/30	BOUGHT	BANK OF BOSTON CORP	15.000	66 3/8		995.63

Security transactions - continued

Date	Activity	Description	Quantity	Price / Value		Amount
12/30	BOUGHT	CDN PAC LTD NEW NEW CANADA	35.000	26 1/2	$	927.50
12/30	BOUGHT	LOCKHEED MARTIN CORP	30.000	89		2,670.00
		Securities purchased			$	7,699.76
		Securities sold			$	6,467.01

Money fund transactions

The Sansom Street Money Market Portfolio is your primary sweep fund

Date	Activity	Money fund		Amount
11/29		**Opening Sansom St Money Market Prtfl**	$	11,381.98
12/03	BOUGHT	SANSOM MONEY MKT PORTFOLIO		2,920.47
12/04	BOUGHT	SANSOM MONEY MKT PORTFOLIO		854.97
12/06	BOUGHT	SANSOM MONEY MKT PORTFOLIO		1,049.96
12/10	SOLD	SANSOM MONEY MKT PORTFOLIO		-1,299.75
12/11	SOLD	SANSOM MONEY MKT PORTFOLIO		-1,782.88
12/13	BOUGHT	SANSOM MONEY MKT PORTFOLIO		26.25
12/16	BOUGHT	SANSOM MONEY MKT PORTFOLIO		11.70
12/17	BOUGHT	SANSOM MONEY MKT PORTFOLIO		24.65
12/24	BOUGHT	SANSOM MONEY MKT PORTFOLIO		1
12/24	BOUGHT	SANSOM MONEY MKT PORTFOLIO		5
12/26	BOUGHT	SANSOM MONEY MKT PORTFOLIO		1,5
12/30	SOLD	SANSOM MONEY MKT PORTFOLIO		-4,41
12/31	BOUGHT	SANSOM MONEY MKT PORTFOLIO		3
12/31		**Closing Sansom St Money Market Prtfl**	$	10,40
		Money funds purchased	$	6,52
		Money funds sold	$	-7,49

Preliminary 1996 Realized Gains/Losses

Estimated 1996 realized gains/losses for transactions with trade dates through 12/31/96 have been incorporated into this statement so that you receive this information as early as possible. Corrections and adjustments may be n
January which may change the information provided below. Regulated futures held in the account on 12/31/96 must be marked to the market. If you hold regulated futures, mark-to-market realized entries and any other adjustme
appear on your January statement as well as your 1996 Year-End Summary mailed in February. This information can be used for tax and investment planning but should not be used for tax filing purposes and may not be a comp
Estimates are not provided for zero coupon investments. Gains/losses are automatically adjusted for amortization of bond premiums on tax-exempt and AMT eligible coupon municipals but may not be adjusted for all capital cha
oldest security lot was liquidated first (FIFO accounting) unless you specified which lot to close when you placed your order (a versus purchase or VSP order). Estimates in the "Unclassified" section are not able to be classified
term or long-term due to missing information or the product is one for which a gain/loss calculation is not provided. An asterisk (*) indicates a manual change in information or a position opened and closed during the current m
Details on back

Security description	Method	Quantity/ Face value	Purchase date	Sale date		Sale amount		Purchase amount		Loss	Gain	ga
Short-term capital gains and losses - Assets held one year or less:												
EL PASO NATURAL GAS CO NEW	FIFO	3.000	12/06/96	12/23/96	$	148.87	$	1,806.88	$	-1,658.01		
PAYLESS SHOESOURCE INC	Adjustment	10.000	09/22/95	04/25/96		281.24		260.71			20.53	
	Adjustment	3.000	09/22/95	05/13/96		79.87		78.21			1 66	
PREMARK INTL INC	FIFO	55.000	09/19/95	01/10/96		2,749.90		2,915.00		-165.10		
	FIFO	15.000	09/19/95	01/17/96		779.97		795.00		-15.03		

December 1996
PAINEWEBBER ACCESS
Individual Retirement Rollover Account

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PaineWebber
Retirement Account

Preliminary 1996 Realized Gains/Losses - continued

Security description	*Method*	*Quantity/ Face value*	*Purchase date*	*Sale date*	*Sale amount*	*Purchase amount*	*Loss*	*Gain*	
360 COMMUNICATIONS CO	FIFO	38.000	09/19/95	03/20/96	$ 835.97	$ 726.68		$ 109.29	
Total					$ **4,875.82**	$ **6,582.48**	$ -1,838.14	$ 131.48	
Net short-term gain/loss									$ -1
Long-term capital gains and losses - Assets held more than one year:									
AMER INTL GROUP INC	FIFO	25.000	09/22/95	11/26/96	$ 2,883.27	$ 2,103.13		$ 780.14	
GENL ELECTRIC CO	FIFO	15.000	09/19/95	12/19/96	1,529.94	924.38		605.56	
GENL MOTORS CORP	FIFO	20.000	09/19/95	10/08/96	987.46	947.50		39.96	
	FIFO	15.000	09/19/95	11/27/96	854.97	710.63		144.34	
PROGRESSIVE CORP OHIO	FIFO	15.000	09/22/95	12/02/96	1,049.96	703.13		346.83	
Total					$ **7,305.60**	$ **5,388.77**		$ 1,916.83	
Net long-term gain/loss									$ 1,
Unclassified:									
NEWPORT NEWS SHIPBUILDING INC		7.000		12/31/96	$ 104.99		*---This information was unavailable---*		
Total					$ 104.99	$ 0.00			
Net unclassified gain/loss									$
Total net gain/loss									$ 2

December 1996
Individual Retirement Account

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

Page 1 of 2

Net account value on November 29	$	6,348.06 *
Net account value on December 31	$	6,378.81 *
Cash in 12/31 value	$	16.13

** Excludes unpriced assets. See back for details.*

PaineWebber Retirement Account

L BUCK FOWLER
PO BOX 330508
ATLANTIC BEACH FL 32233-0508

Contribution summary

We have categorized deductible and non-deductible contributions based on information you have provided. To ensure accuracy, please provide the most current information

	Current period	Tax year 1996	Tax year 1995
Deductible contributions	.00	2,000.00	2,000.00

Earnings and capital return summary

Earnings/capital return categories are for the current calendar year. All prior year entries are summarized separately. This information should not be used for tax purposes See back for details

		Current period		Year-to-date
PaineWebber Money fund dividends	$	.02	$	18.77
Other dividends		37.06		381.12
Total earnings / capital return	$	37.08	$	399.89
Prior year(s) entries and adjustments		.00		4.71

Investment objectives

Investment objectives describe the general goals you have for your investments within an account We understand that the investment objective(s) for this account are the following, in order of priority

1 Growth
2. Investment grade
3. Income
4. Speculation

If you have any questions concerning these investment objectives, or wish to change the investment objectives for this account, call your Investment Executive or Branch Manager for your branch office

Account instructions

PaineWebber is your IRA custodian.

Bulletin Board

IF YOU DO NOT HOLD OUTSIDE ASSETS:
1) RETAIN THIS STMT FOR 1996 YEAR-END VALUE;
2) THIS INFO IS BEING FURNISHED TO THE IRS;
3) NET ACCT VALUE + ANNUITIES = TOTAL VALUE.
RETIREMENT MONEY FUND UNDER $25?
SEE SPECIAL INFORMATION ON REVERSE SIDE.

Asset summary

See reverse side for information on assets excluded from this summary

	% of portfolio		
Mutual funds	100 00		6,3
Plus cash balance			
Net account value		$	6,3

December 1996
Individual Retirement Account

Page 2 of 2

PaineWebber
Retirement Account

Asset portfolio

Prices, income and current values may be approximate   Details on back

Quantity/face value	Description	Price	Current value	Est income
636.905	VAN KAMPEN AMER CAPITAL PRIME RATE INCOME TRUST	9.990	6,362.68	446
	PW RETIREMENT MONEY FUND	1.000	.00	
	Opening balance $ 16.11 Avg yield 4.75% Int period 11/21 - 12/18			
	Total		$ 6,362.68	$ 446

Activity

Date	Activity	Description	Quantity	Price / Value / Comment	Amount
11/29		**Balance forward**			$ .00
12/04	SOLD	PW RETIREMENT MONEY FUND	-16.110	1	16.11
12/20	DIVIDEND	PW RETIREMENT MONEY FUND			.02
12/27	DIVIDEND	VAN KAMPEN AMER CAPITAL PRIME RATE INCOME TRUST AS OF 12/24/96			37.06
12/27	REINVESTMENT	VAN KAMPEN AMER CAPITAL PRIME RATE INCOME TRUST DIVIDEND REINVESTED AT 9.99 NAV ON 12/24/96 AS OF 12/24/96	3.710		-37.06
12/31		**Closing balance**			$ **16.13**

December 1996

Individual Retirement Rollover Account

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

Page 1 of 3

Net account value on November 29	$	112,566.43 *
Net account value on December 31	$	113,212.29 *
Money funds in 12/31 value	$	9,883.79
Other items not in net account value on 12/31:		
Insurance product values (est.)	$	76,331.25
Net account value plus above	$	189,543.54 *

** Excludes unpriced assets. See back for details.*

PaineWebber
Retirement Account

L BUCK FOWLER IRA/RLVR
PO BOX 330508
ATLANTIC BEACH FL 32233-0508

Activity summary

Account value on November 29		$	112,566.43
Cash flow			
Earnings / capital return	+ 1,793.86		
Security transactions *(Excludes Money fund transactions)*			
Change in value of investments	-1,148.00		
Account value on December 31		$	113,212.29

Distribution summary

	Current period	*Tax year 1996*	*Tax year 1995*
Transfers	.00	.00	196,000.00

Earnings and capital return summary

Earnings/capital return categories are for the current calendar year. All prior year entries are summarized separately. This information should not be used for tax purposes. See back for details.

		Current period		*Year-to-date*
PaineWebber Money fund dividends	$	31.36	$	265.47
Interest		1,762.50		7,275.00
Total earnings / capital return	$	1,793.86	$	7,540.47
Prior year(s) entries and adjustments		.00		3.71

Investment objectives

Investment objectives describe the general goals you have for your investments within an account. We understand that the investment objective(s) for this account are the following, in order of priority

1 Growth   2 Income   3. Investment grade   4. Speculation

If you have any questions concerning these investment objectives, or wish to change the investment objectives for this account, call your Investment Executive or Branch Manager for your branch office

Account instructions

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Bulletin Board

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1) RETAIN THIS STMT FOR 1996 YEAR-END VALUE;
2) THIS INFO IS BEING FURNISHED TO THE IRS;
3) NET ACCT VALUE + ANNUITIES = TOTAL VALUE.

RETIREMENT MONEY FUND UNDER $25? SEE BACK FOR ACCOUNT INFORMATION CALL 1-800-762-1000.

Asset summary

See reverse side for information on assets excluded from this summary

	% of portfolio		
Money funds	8.73		9,8
U.S. Government securities	91.27		103,3
Total invested assets	100.00	$	113,2
Net account value		$	113,2

Asset portfolio

*When available, prices, income and current values may be approximate and thus gains/losses may not be accurately reflected. Details on back. An asterisk (*) indicates a change in the original transaction data from the prior month or the display of new data input at your branch office Gains/losses are not calculated for zero coupon investments.*

Insurance products

Annuity contracts, life insurance and long-term health care products listed below are not held in your account at PaineWebber and therefore are not included in your total net account value

Annuities

Amount	Description	Contract/policy no		Current value	Rate	Issue date
66,000	CG ANNUITY 5 YR AS OF 12/17/96	CGA006994		76,331.25	6 95	10/18/94
66,000	**Total**		$	76,331.25		

Money funds

Description		Opening balance		Closing balance	Closing share price	Average yield	Dividend period	Days in period
PW RETIREMENT MONEY FUND		8,089.93		9,883.79	1.00	4.75%	11/21 - 12/18	28
Total	$	**8,089.93**	**$**	**9,883.79**				

U.S. Government securities

Prices are obtained from independent quotation bureaus that use computerized valuation formulas to calculate current values Actual market values may vary and thus gains/losses may not be accurately reflected

Coupon governments

Total face value at maturity	Description	Price		Current value	Est annual income	Trade date	Face value purchased	Purchase price	Cost basis	Unrealize Gain/lo
50,000	FED NAT MTG ASSN RATE 7.0500% MATURES 12/10/98	101.922		50,961.00	3,525		50,000	---*This information was unavailable*---		
50,000	FED NATL MTG ASSN RATE 7.5000% MATURES 02/11/02	104.735		52,367.50	3,750		50,000	---*This information was unavailable*---		
100,000	**Total**		$	**103,328.50**	**7,275**					

Monthly activity *

Cash flow

Date	Activity	Description		Amount
11/29		**Balance forward**	$	.00

Continued on page 3

December 1996
Individual Retirement Rollover Account

[redacted]

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PaineWebber
Retirement Account

Cash flow - continued

Date	Activity	Description	Amount
12/10	INTEREST	FED NAT MTG ASSN 7.0500% DUE 12/10/98 DTD 12/10/91 FC 06/10/92 PAID ON 50000	1,762.50
12/20	DIVIDEND	PW RETIREMENT MONEY FUND	31.36

Date	Activity	Description		Am
		Funds used for money fund transactions	$	-1,793
12/31		Closing balance	$	

Money fund transactions

The PW Retirement Money Fund is your primary sweep fund. If your Retirement Money Fund balance is below $25.00, see reverse side for details

Date	Activity	Money fund		Amount
11/29		**Opening PW Retirement Money Fund**	$	8,089.93
12/11	BOUGHT	PW RETIREMENT MONEY FUND		1,762.50
12/20	BOUGHT	PW RETIREMENT MONEY FUND		31.36
12/31		**Closing PW Retirement Money Fund**	$	9,883.79
		Money funds purchased	$	1,793.86

December 1996

PAINEWEBBER ACCESS
Individual Retirement Rollover Account

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

Page 1 of 9

Net account value on November 29	$	191,345.26 *
Net account value on December 31	$	190,646.59 *
Cash/Money funds in 12/31 value	$	32,410.80

** Excludes unpriced assets. See back for details.*

PaineWebber
Retirement Account

L BUCK FOWLER
JURIKA ACCESS
PO BOX 330508
ATLANTIC BEACH FL 32233-0508

Activity summary

Account value on November 29		$	191,345.26
Cash flow			
Earnings / capital return	+ 301.85		
Proceeds from security transactions	+ 20,844.88		
Funds used for security transactions	-11,692.19		
Security transactions *(Excludes Money fund transactions)*			
Securities purchased	+ 11,692.19		
Securities sold	-20,844.88		
Change in value of investments	-1,000.52		
Account value on December 31		$	190,646.59

Earnings and capital return summary

Earnings/capital return categories are for the current calendar year. All prior year entries are summarized separately.
This information should not be used for tax purposes See back for details

		Current period		Year-to-date
PaineWebber Money fund dividends	$	113.91	$	1,205.32
Other dividends		187.98		3,130.46
Other		.00		122.00
Prior month(s) adjustments		5.49		.00
Total and adjustments	$	307.38	$	4,457.78
Prior year(s) entries and adjustments		.00		60.32

Account instructions

Your PaineWebber ACCESS account is managed by JURIKA & VOYLES ALL CAP.

PaineWebber is your IRA Rollover custodian.

Bulletin Board

IF YOU DO NOT HOLD OUTSIDE ASSETS:
1) RETAIN THIS STMT FOR 1996 YEAR-END VALUE;
2) THIS INFO IS BEING FURNISHED TO THE IRS;
3) NET ACCT VALUE + ANNUITIES = TOTAL VALUE.

Asset summary

See reverse side for information on assets excluded from this summary

	% of portfolio		
Equities	84.63		158,23
Money funds	15.37		28,72
Total invested assets	100.00	$	186,95
Plus cash balance	.		3,68
Net account value		$	190,64

Investment objectives

Investment objectives describe the general goals you have for your investments within an account. We understand that the investment objective(s) for this account are the following, in order of priority:

1. Growth
2. Income
3. Investment grade
4. Speculation

If you have any questions concerning these investment objectives, or wish to change the investment objectives for this account, call your Investment Executive or Branch Manager for your branch office

Asset portfolio

*When available, prices, income and current values may be approximate and thus gains/losses may not be accurately reflected. Details on back. An asterisk (*) indicates a change in the original transaction data from the prior month or the display of new data input at your branch office Gains/losses are not calculated for zero coupon investments*

Equities

Common stock

Total shares	Description	Price	Current value	Est annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unre Ga
130	ADOBE SYSTEMS INC	37.375	4,858.75	26	03/06/96	50.000	32.531	1,626	
					03/19/96	40.000	34.125	1,365	
					06/26/96	40.000	34.821	1,392	
110	AES CORP	46.500	5,115.00		04/21/94	110.000	18 250	2,007	3
80	AETNA INC	80.000	6,400.00	64	06/17/96	60.000	72 779	4,366	
					10/16/96	20.000	65.166	1,303	
100	AMER GREETINGS A	28.375	2,837.50	68	12/20/96	100.000	27.208	2,720	
120	AMER STORES CO NEW	40.875	4,905.00	77	03/04/96	60.000	29.500	1,770	
					03/22/96	60.000	30 750	1,845	
150	APRIA HEALTHCARE GROUP INC	18.750	2,812.50		11/06/95	150.000	27.475	4,121	-1
130	ASIA PULP & PAPER LTD SPONSORED ADR	11.375	1,478.75		05/03/95	130.000	11.375	1,478	
130	AUTODESK INC	28.000	3,640.00	31	02/15/96	50.000	35 812	1,790	-
					06/25/96	80.000	32 482	2,598	-
70	BRUNSWICK CORP	24.000	1,680.00	35	03/21/96	70.000	23.125	1,618	
60	CASE CORP	54.500	3,270.00	12	09/26/96	40.000	48.000	1,920	
					11/18/96	20.000	48 697	973	
50	CHASE MANHATTAN CORP NEW	89.375	4,468.75	112	02/28/94	30.000	37 750	1,132	1
					07/13/94	20.000	38.250	765	1
60	CIRCUIT CITY STORES INC	30.125	1,807.50	8	11/03/95	10.000	32.875	328	

Common stock - continued

Total shares	Description	Price	Current value	Est. annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unre. Gai
					11/16/95	50.000	30.833	1,541	
50	CITICORP	103.000	5,150.00	90	01/13/95	50.000	40.125	2,006	
100	DALLAS SEMICONDUCTOR CORP	23 000	2,300.00	12	04/02/96	100.000	19.000	1,900	
50	DAYTON HUDSON CORP	39.250	1,962.50	32	12/18/95	50.000	24.750	1,237	
40	DEERE AND CO	40.500	1,620.00	32	09/06/96	40.000	41.889	1,675	
40	EATON CORP	69.750	2,790.00	64	12/12/96	40.000	67.985	2,719	
130	ECI TELECOM LTD	21.250	2,762.50	26	03/21/95	80.000	14.937	1,195	
	ISRAEL				07/07/95	50.000	15.000	750	
170	EMC CORP MASS	33.125	5,631.25		09/11/95	120.000	19.750	2,370	1
					10/23/95	50.000	13.500	675	
120	EVEREST REINS HOLDINGS INC	28.750	3,450.00	14	10/24/95	120 000	19.099	2,291	1
30	FLUOR CORP	62.750	1,882.50	23	12/13/96	30 000	64.442	1,933	
50	GREENFIELD INDS INC DEL	30.625	1,531.25	10	04/22/94	50.000	19 375	968	
60	KN ENERGY INC	39.250	2,355.00	65	06/09/94	60 000	23 000	1,380	
60	LIVING CENTERS OF AMER INC	27.750	1,665.00		07/11/95	60.000	27.250	1,635	
40	LOCKHEED MARTIN CORP	91.500	3,660.00	64	04/30/96	20.000	80.312	1,606	
					06/14/96	20.000	83.811	1,676	
150	LSI LOGIC CORP	26.750	4,012.50		12/20/95	50 000	33.056	1,652	
					01/02/96	100.000	33 570	3,357	
70	MALLINCKRODT INC NY NEW	44.125	3,088.75	46	03/01/96	70.000	38 500	2,695	
60	MCGRAW HILL COMPANIES INC	46.125	2,767.50	79	10/25/96	40 000	47 236	1,889	
					12/16/96	20.000	44.875	897	
181	MEDPARTNERS INC NEW	20.750	3,755.75		01/31/94	48.000	16 041	770	
					03/24/94	12.000	15 833	190	
					12/18/95	121.000	15.012	1,816	
50	MEMC ELECTR MATERIALS	22.500	1,125.00		11/20/95	50 000	29 740	1,487	
110	MORTON INTL INC INDS	40.750	4,482.50	66	11/03/95	50.000	32 000	1,600	
					10/15/96	20 000	41.000	820	
					12/12/96	40.000	40.788	1,631	
40	NORTHROP GRUMMAN CORP	82.750	3,310.00	64	07/11/96	40.000	65.875	2,635	
100	OCTEL COMMUNICATIONS CRP	17.500	1,750.00		12/19/96	100.000	17.895	1,789	
70	PARKER HANNIFIN CORP	38.750	2,712.50	50	08/28/96	70.000	38.829	2,718	
80	REYNOLDS METALS CO	56 375	4,510.00	112	04/23/96	50.000	55.571	2,778	
					06/04/96	30.000	54.261	1,627	

Common stock - continued

Total shares	Description	Price	Current value	Est. annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unreal Gain
80	RIVAL COMPANY	24.875	1,990.00	19	01/13/95	80.000	16.875	1,350	
180	ROOSEVELT FINCL GROUP INC	21.000	3,780.00	112	03/10/94	180.000	15.083	2,715	1,
80	SARA LEE CORP	37.250	2,980.00	67	05/28/96	80.000	33.040	2,643	
160	TENET HEALTHCARE CORP	21.875	3,500.00		07/05/96	130.000	20.930	2,720	
					08/22/96	30 000	21.500	645	
60	TUPPERWARE CORP	53.625	3,217.50	53	04/19/94	60.000	24.941	1,496	1,
60	ULTRAMAR DIAMOND SHAMROCK	31.625	1,897.50	66	09/25/96	60.000	29.625	1,777	
100	UNION TEXAS PETE HLDGS INC	22.375	2,237.50	20	06/12/96	100.000	18 995	1,899	
100	VASTAR RES INC	38.000	3,800.00	30	07/14/94	100.000	28.571	2,857	
75	VESTA INSURANCE GROUP INC	31.375	2,353.12	11	06/23/94	75.000	18.666	1,400	
60	WALLACE COMPUTER SRVCS INC	34.500	2,070.00	34	11/14/96	60.000	30.999	1,859	
90	WASH MUTUAL INC	43.313	3,898.17	86	01/14/94	40.000	24.625	985	
					04/20/94	50.000	19 500	975	1,
100	WELLPOINT HEALTH NETWORKS INC	34.375	3,437.50		06/28/94	93.000	40 758	3,790	
	NEW				08/01/94	7.000	33.492	234	
60	WMX TECHNOLOGIES INC	32.500	1,950.00	38	03/06/96	60.000	28.816	1,729	
110	XEROX CORP	52.625	5,788.75	128	07/11/96	30 000	50.379	1,511	
					08/27/96	30 000	55.777	1,673	
					09/17/96	20 000	53.625	1,072	
					10/29/96	30 000	46 259	1,387	1
	Total	$	154,448.29	1,946				127,742	26,

Other equity investments

Cost basis and gains/losses have not been adjusted automatically for return of capital payments Restricted security values are not included in your net account value

Total shares	Description	Price	Current value	Est annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unreali. Gain/l
100	EXEL LTD ORD	37.875	3,787.50	100	01/14/94	60.000	22 437	1,346	9
	BERMUDA				07/13/94	40 000	18 125	725	7
	Total	$	3,787.50	100				2,071	1,7

Money funds

Description		Opening balance		Closing balance	Closing share price	Average yield	Dividend period	Days in period
SANSOM ST MNY MKT PRTFL		22,956.26		28,723.80	1 00	5.03%	11/21 - 12/22	32
Total	$	22,956.26	$	28,723.80				

Monthly activity

Cash flow

Date	Activity	Description	Amount
11/29		**Balance forward**	$ .00
12/02	DIVIDEND	DALLAS SEMICONDUCTOR CORP PAID ON 100	3.00
12/02	DIVIDEND	VASTAR RES INC PAID ON 100	7.50
12/06	DIVIDEND	PARKER HANNIFIN CORP PAID ON 70	12.60
12/09	DIVIDEND	MORTON INTL INC INDS PAID ON 70	10.50
12/10	DIVIDEND REPAYMENT	ECI TELECOM LTD ISRAEL AS OF 11/29/96	5.49
12/10	DIVIDEND	DAYTON HUDSON CORP PAID ON 50	8.00
12/10	CANCEL OF DIVIDEND	ECI TELECOM LTD ISRAEL AS OF 11/29/96	-5.53
12/11	DIVIDEND	MCGRAW HILL COMPANIES INC PAID ON 40	13.20
12/16	DIVIDEND	NORTHROP GRUMMAN CORP PAID ON 40 AS OF 12/14/96	16.00
12/16	DIVIDEND	BRUNSWICK CORP PAID ON 70	8.75
12/16	DIVIDEND	RIVAL COMPANY PAID ON 80	4.80

Date	Activity	Description	An
12/16	DIVIDEND	ULTRAMAR CORP *NAME CHANGE 1996 PAID ON 60	16
12/17	DIVIDEND	ADVANTA CORP CL B PAID ON 90	11
12/19	DIVIDEND	EVEREST REINS HOLDINGS INC PAID ON 120	3
12/20	DIVIDEND	WALLACE COMPUTER SRVCS INC PAID ON 60	8
12/24	DIVIDEND	SANSOM ST MONEY MKT FUND	113
12/30	DIVIDEND	GREENFIELD INDS INC DEL PAID ON 50	2.
12/30	DIVIDEND	KN ENERGY INC PAID ON 60	16.
12/30	DIVIDEND	LOCKHEED MARTIN CORP PAID ON 40	16.
12/30	DIVIDEND	MALLINCKRODT INC NY NEW PAID ON 70	11.
12/30	DIVIDEND	WHIRLPOOL CORP PAID ON 50	17.
		Proceeds from security transactions	$ 20,844.
		Funds used for security transactions	$ -11,692.
		Proceeds from money fund transactions	$ 6,523.
		Funds used for money fund transactions	$ -12,291.
12/31		**Closing balance**	$ 3,687.0

Security transactions

Date	Activity	Description	Quantity	Price / Value		Amount
12/05	NAME CHANGE	ULTRAMAR DIAMOND SHAMROCK AS OF 12/04/96	60.000			
12/05	NAME CHANGE	ULTRAMAR CORP *NAME CHANGE 1996 AS OF 12/04/96	-60.000			
12/05	SOLD	CIGNA CORP	-30.000	140.450800	$	4,213.37
12/09	SOLD	AT&T CORP	-60.000	38 1/4		2,294.92
12/10	SOLD	CHASE MANHATTAN CORP NEW	-20.000	90.170700		1,803.34
12/10	SOLD	CITICORP	-20.000	103 1/2		2,069.93
12/17	BOUGHT	EATON CORP	40 000	67.985900		2,719.44
12/17	BOUGHT	MORTON INTL INC INDS	40.000	40.788800		1,631.55
12/17	SOLD	QUANEX CORP	-70.000	28.475300		1,993.20
12/18	BOUGHT	FLUOR CORP	30.000	64.442900		1,933.29
12/19	BOUGHT	MCGRAW HILL COMPANIES INC	20.000	44 7/8		897.50
12/23	SOLD	LUCENT TECHNOLOGIES INC	-19.000	46 3/4		888.22
12/24	BOUGHT	OCTEL COMMUNICATIONS CRP	100.000	17.895800		1,789.58
12/26	BOUGHT	AMER GREETINGS A	100.000	27.208300		2,720.83
12/26	SOLD	WHIRLPOOL CORP	-50.000	44.588400		2,229.34
12/27	SOLD	EMC CORP MASS	-50.000	33.312300		1,665.56
12/31	SOLD	ADVANTA CORP CL B	-90.000	40.966700		3,687.00
		Securities purchased			$	11,692.19
		Securities sold			$	20,844.88

Money fund transactions

The Sansom Street Money Market Portfolio is your primary sweep fund

Date	Activity	Money fund		Amount
11/29		**Opening Sansom St Money Market Prtfl**	$	**22,956.26**
12/03	BOUGHT	SANSOM MONEY MKT PORTFOLIO		10.50
12/06	BOUGHT	SANSOM MONEY MKT PORTFOLIO		4,213 37
12/09	BOUGHT	SANSOM MONEY MKT PORTFOLIO		12.60
12/10	BOUGHT	SANSOM MONEY MKT PORTFOLIO		2,305.42
12/11	BOUGHT	SANSOM MONEY MKT PORTFOLIO		3,881.23
12/12	BOUGHT	SANSOM MONEY MKT PORTFOLIO		13.20
12/17	SOLD	SANSOM MONEY MKT PORTFOLIO		-2,311.74
12/18	SOLD	SANSOM MONEY MKT PORTFOLIO		-1,921.41
12/19	SOLD	SANSOM MONEY MKT PORTFOLIO		-897
12/20	BOUGHT	SANSOM MONEY MKT PORTFOLIO		3
12/23	BOUGHT	SANSOM MONEY MKT PORTFOLIO		8
12/24	BOUGHT	SANSOM MONEY MKT PORTFOLIO		113
12/24	SOLD	SANSOM MONEY MKT PORTFOLIO		-901
12/26	SOLD	SANSOM MONEY MKT PORTFOLIO		-491
12/30	BOUGHT	SANSOM MONEY MKT PORTFOLIO		1,665
12/31	BOUGHT	SANSOM MONEY MKT PORTFOLIO		63
12/31		**Closing Sansom St Money Market Prtfl**	$	**28,723**

Money fund transactions - continued

The Sansom Street Money Market Portfolio is your primary sweep fund

Date	Activity	Money fund		Amount
		Money funds purchased	**$**	**12,291.04**
		Money funds sold	**$**	**-6,523.50**

Preliminary 1996 Realized Gains/Losses

Estimated 1996 realized gains/losses for transactions with trade dates through 12/31/96 have been incorporated into this statement so that you receive this information as early as possible. Corrections and adjustments may be m January which may change the information provided below. Regulated futures held in the account on 12/31/96 must be marked to the market. If you hold regulated futures, mark-to-market realized entries and any other adjustme appear on your January statement as well as your 1996 Year-End Summary mailed in February. This information can be used for tax and investment planning but should not be used for tax filing purposes and may not be a compl Estimates are not provided for zero coupon investments. Gains/losses are automatically adjusted for amortization of bond premiums on tax-exempt and AMT eligible coupon municipals but may not be adjusted for all capital chan oldest security lot was liquidated first (FIFO accounting) unless you specified which lot to close when you placed your order (a versus purchase or VSP order). Estimates in the "Unclassified" section are not able to be classified term or long-term due to missing information or the product is one for which a gain/loss calculation is not provided. An asterisk (*) indicates a manual change in information or a position opened and closed during the current m

Details on back

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain	gai
Short-term capital gains and losses - Assets held one year or less:									
AT&T CORP	FIFO	60.000	08/16/96	12/04/96	$ 2,294.92	$ 2,407.59	$ -112.67		
BMC SOFTWARE INC	FIFO	10.000	11/01/95	08/20/96	677.81	352.86		324.95	
	FIFO	20.000	11/01/95	10/02/96	1,691.15	705.72		985.43	
CIGNA CORP	FIFO	30.000	07/12/96	12/02/96	4,213.37	3,281.25		932.12	
CIRCUIT CITY STORES INC	FIFO	40.000	11/03/95	02/05/96	1,104.46	1,315.00	-210.54		
CYRIX CORP	FIFO	40.000	09/11/95	02/12/96	1,045.00	1,759.43	-714.43		
DARDEN RESTAURANTS INC	FIFO	140.000	10/17/95	08/13/96	1,119.96	1,609.22	-489.26		
DAYTON HUDSON CORP	FIFO	30.000	11/16/95	06/05/96	3,069.52	2,218.74		850 78	
	FIFO	60.000	11/16/95	08/28/96	2,104.92	1,479.16		625.76	
	FIFO	10.000	12/18/95	08/28/96	350.82	247.50		103.32	
INTEGRATED DEVICE TECH INC	FIFO	190.000	12/01/95	09/30/96	1,835.53	3,170.30	-1,334.77		
LUCENT TECHNOLOGIES INC	FIFO	19.000	08/16/96	12/18/96	888.22	914.36	-26.14		
MID ATLANTIC MED SVCS INC	FIFO	110.000	04/18/96	08/19/96	1,421.30	2,557.50	-1,136.20		
READ-RITE CORP	FIFO	60.000	12/20/95	08/28/96	815.44	1,414 62	-599.18		
SGS-THOMSON MICROELECTRN SHS NY REGISTRY FRANCE	FIFO	40.000	12/19/95	08/02/96	1,408.71	1,180.00		228.71	
TANDEM COMPUTERS INC	FIFO	100.000	05/02/95	04/18/96	981.95	1,275.00	-293.05		
VLSI TECHNOLOGY INC	FIFO	80.000	04/04/96	11/12/96	1,670.00	1,065.55		604.45	

Preliminary 1996 Realized Gains/Losses - continued

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain	ga
WHIRLPOOL CORP	FIFO	10.000	08/26/96	12/20/96	$ 445.87	$ 499.56	$ -53.69		
ZEBRA TECHNOLOGIES CORP CL A	FIFO	100.000	06/28/96	08/23/96	2,012.50	1,800.00		212.50	
Total					$ 29,151.45	$ 29,253.36	$ -4,969.93	$ 4,868.02	
Net short-term gain/loss									$ -1

Long-term capital gains and losses - Assets held more than one year:

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain
ABT BUILDING PRODUCTS CORP	FIFO	50.000	03/18/94	03/26/96	$ 912.50	$ 1,322.93	$ -410.43	
	FIFO	10.000	07/13/94	03/26/96	182.50	240.00	-57.50	
ADVANTA CORP CL B	FIFO	40.000	06/15/94	12/26/96	1,638.67	1,380.00		258.67
	FIFO	50.000	10/27/95	12/26/96	2,048.33	1,800.00		248.33
AES CORP	FIFO	40.000	04/21/94	03/15/96	980.00	730.00		250.00
AUGAT INC *STOCK MERGER	FIFO	80.000	03/02/95	11/22/96	2,235.50	1,300.00		935.50
BMC SOFTWARE INC	FIFO	30.000	11/22/94	02/08/96	1,605.00	647.50		957.50
	FIFO	20.000	11/22/94	04/12/96	1,091.61	431.67		659.94
	FIFO	20.000	11/22/94	07/30/96	1,238.64	431.67		806.97
	FIFO	10.000	11/22/94	08/20/96	677.81	215.83		461.98
	FIFO	40.000	11/01/95	11/21/96	1,783.25	705.72		1,077.53
CAREMARK INTL INC **MERGER 1996	FIFO	40.000	01/31/94	02/29/96	1,028.58	770.00		258.58
	FIFO	60.000	01/31/94	04/26/96	1,679.94	1,155.00		524.94
CHASE MANHATTAN CORP NEW	FIFO	20.000	02/28/94	12/05/96	1,803.34	755.00		1,048.34
CISCO SYS INC	FIFO	20.000	07/12/94	01/26/96	1,610.95	455.00		1,155.95
CITICORP	FIFO	50.000	06/20/94	02/12/96	3,762.66	2,000.00		1,762.66
	FIFO	20.000	06/20/94	12/05/96	2,069.93	800.00		1,269.93
ECI TELECOM LTD ISRAEL	FIFO	60.000	03/21/95	05/01/96	1,597.50	896.25		701.25
ELSAG BAILEY PROCESS AUTOMATION N.V.	FIFO	50.000	12/13/94	03/22/96	1,124.96	1,248.32	-123.36	
EMC CORP MASS	FIFO	50.000	09/11/95	12/23/96	1,665.56	987.50		678.06
FOUNDATION HEALTH CORP	FIFO	40.000	03/24/95	08/07/96	1,055.04	1,304.90	-249.86	
	FIFO	50.000	07/07/95	08/07/96	1,318.81	1,362.50	-43.69	
GREENFIELD INDS INC DEL	FIFO	20.000	04/22/94	04/09/96	722.50	387.50		335.00
INTEL CORP	FIFO	20.000	04/19/94	06/10/96	1,490.00	572.50		917.50

Preliminary 1996 Realized Gains/Losses - continued

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain	gain
	FIFO	20.000	04/19/94	07/17/96	$ 1,446.06	$ 572.50		873.56	
	FIFO	20.000	04/19/94	08/08/96	1,615.55	572.50		1,043.05	
MAC FRUGALS BARGAINS	FIFO	80.000	06/03/94	04/19/96	999.96	1,380.00	-380.04		
CLOSE OUTS INC									
NATL SEMICONDUCTOR CORP	FIFO	110.000	01/14/94	02/08/96	1,933.40	2,062.50	-129.10		
	FIFO	10.000	01/14/94	03/15/96	145.74	187.50	-41.76		
	FIFO	30.000	07/13/94	03/15/96	437.23	551.25	-114.02		
	FIFO	50.000	09/29/94	03/15/96	728.72	784.04	-55.32		
PREMARK INTL INC	FIFO	60.000	04/19/94	06/28/96	1,080.25	523.89		556.36	
QUANEX CORP	FIFO	70.000	05/17/94	12/12/96	1,993.20	1,382.50		610.70	
RELIASTAR FINCL CORP	FIFO	90.000	02/28/94	05/10/96	3,972.02	2,463.75		1,508.27	
RIVAL COMPANY	FIFO	20.000	01/13/95	03/27/96	467.50	337.50		130.00	
SGS-THOMSON MICROELECTRN	FIFO	40.000	12/15/94	04/26/96	1,873.86	867.50		1,006.36	
SHS NY REGISTRY FRANCE	FIFO	80.000	12/15/94	08/02/96	2,817.43	1,735.00		1,082.43	
TANDEM COMPUTERS INC	FIFO	70.000	04/21/94	04/18/96	687.36	878.10	-190.74		
	FIFO	50.000	02/16/95	04/18/96	490.97	887.50	-396.53		
	FIFO	130.000	03/28/95	04/18/96	1,276.53	2,159.60	-883.07		
VLSI TECHNOLOGY INC	FIFO	90.000	08/03/95	11/12/96	1,878.75	2,485.45	-606.70		
WASH MUTUAL INC	FIFO	70.000	01/14/94	08/09/96	2,512.28	1,723.75		788.53	
WEATHERFORD ENTERRA INC	FIFO	60.000	03/09/94	04/04/96	2,159.92	1,140.00		1,019.92	
WHIRLPOOL CORP	FIFO	10.000	07/19/94	06/05/96	557.48	540.00		17.48	
	FIFO	10.000	05/03/95	06/05/96	557.48	538.75		18.73	
	FIFO	40.000	05/03/95	12/20/96	1,783.47	2,155.00	-371.53		
EXEL LTD ORD	FIFO	30.000	01/14/94	05/13/96	2,089.10	1,346.25		742.85	
BERMUDA									
Total					$ 68,827.84	$ 49,174.62	$ -4,053.65	$ 23,706.87	
Net long-term gain/loss									$ 19,653
Total net gain/loss									$ 19,551

December 1996

PAINEWEBBER ACCESS
Individual Retirement Rollover Account

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

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Net account value on November 29	**$**	202,583.04 *
Net account value on December 31	**$**	199,397.75 *
Money funds in 12/31 value	**$**	9,511.93

** Excludes unpriced assets. See back for details.*

PaineWebber
Retirement Account

L BUCK FOWLER
NWQ ACCESS
PO BOX 330508
ATLANTIC BEACH FL 32233-0508

Activity summary

Account value on November 29		$	202,583.04
Cash flow			
Earnings / capital return	+ 474.36		
Funds used for security transactions	-2,042.89		
Security transactions *(Excludes Money fund transactions)*			
Securities purchased	+ 2,042.89		
Change in value of investments	-3,659.65		
Account value on December 31		$	199,397.75

Earnings and capital return summary

Earnings/capital return categories are for the current calendar year. All prior year entries are summarized separately. This information should not be used for tax purposes. See back for details.

		Current period		*Year-to-date*
PaineWebber Money fund dividends	$	46.27	$	526.33
Other dividends		428.09		3,638.01
Total earnings / capital return	**$**	**474.36**	**$**	**4,164.34**
Prior year(s) entries and adjustments		.00		17.91

Investment objectives

Investment objectives describe the general goals you have for your investments within an account. We understand that the investment objective(s) for this account are the following, in order of priority

1. Growth 2. Income 3. Investment grade 4. Speculation

If you have any questions concerning these investment objectives, or wish to change the investment objectives for this account, call your Investment Executive or Branch Manager for your branch office

Account instructions

Your PaineWebber ACCESS account is managed by NWQ EQUITY.

PaineWebber is your IRA Rollover custodian.

Bulletin Board

IF YOU DO NOT HOLD OUTSIDE ASSETS:
1) RETAIN THIS STMT FOR 1996 YEAR-END VALUE;
2) THIS INFO IS BEING FURNISHED TO THE IRS;
3) NET ACCT VALUE + ANNUITIES = TOTAL VALUE

Asset summary

See reverse side for information on assets excluded from this summary

	% of portfolio		*Va*
Equities	95.22		189,885
Money funds	4.78		9,511
Total invested assets	100.00	$	199,397.
Net account value		$	199,397.

Asset portfolio

*When available prices, income and current values may be approximate and thus gains/losses may not be accurately reflected Details on back. An asterisk (*) indicates a change in the original transaction data from the prior month or the display of new data input at your branch office Gains/losses are not calculated for zero coupon investments.*

Equities

Common stock

Total shares	Description	Price	Current value	Est annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unreal Gain
90	AIR PROD & CHEMICAL INC	69.125	6,221.25	99	01/14/94	60.000	46 750	2,805	1,
					12/22/95	30.000	51.750	1,552	[illegible]
40	ALLSTATE CORP	57.875	2,315.00	34	06/07/96	40.000	44.722	1,788	[illegible]
100	ALUMAX INC	33.500	3,350.00		03/15/95	100.000	25 367	2,536	[illegible]
60	AMER INTL GROUP INC	108.250	6,495.00	24	03/07/94	45.000	57 166	2,572	2,
					04/26/96	15.000	90.875	1,363	[illegible]
80	AMP INCORPORATED	38.375	3,070.00	80	01/14/94	80.000	31 312	2,505	[illegible]
70	BANK OF N Y CO INC	33.750	2,362.50	62	06/21/96	70.000	25.636	1,794	[illegible]
45	BOEING COMPANY	106.500	4,792.50	50	01/26/96	20.000	77.250	1,545	[illegible]
					03/07/96	25.000	80.000	2,000	[illegible]
30	BURLINGTON NTHN SANTA FE CORP	86.375	2,591.25	36	01/14/94	30.000	59.875	1,796	7
45	CASE CORP	54.500	2,452.50	9	11/15/95	45.000	35.625	1,603	8
90	CATERPILLAR INC	75.250	6,772.50	144	01/14/94	90.000	45.187	4,066	2,7
50	CHAMPION INTL CORP	43.250	2,162.50	10	11/13/95	50.000	48.139	2,406	-2
25	CHASE MANHATTAN CORP NEW	89.375	2,234.37	56	10/07/96	25.000	81 250	2,031	2
95	COASTAL CORP DEL	48.875	4,643.12	38	01/14/94	95.000	28.000	2,660	1,9
97	COLUMBIA HCA HEALTHCARE CORP	40.750	3,952.75	8	07/24/96	97.000	33.532	3,252	7
95	COOPER INDUST	42.125	4,001.87	125	01/14/94	80.000	50.750	4,060	-6
					11/14/95	15.000	33.875	508	1
80	CYPRUS AMAX MINERALS CO	23.500	1,880.00	64	12/14/94	30.000	25.750	772	-
					12/20/94	50.000	25.500	1,275	-1
150	DEERE AND CO	40.500	6,075.00	120	01/14/94	150.000	25 625	3,843	2,2
45	DOW CHEMICAL	78.375	3,526.87	135	07/11/95	45.000	75.000	3,375	1
100	DRESSER INDUSTRIES	31.000	3,100.00	68	09/13/94	100.000	20.375	2,037	1,0
40	DU PONT DE NEMOURS	94.125	3,765.00	91	01/14/94	40.000	52.125	2,085	1,6
45	ECHLIN INC	31.750	1,428.75	40	11/14/95	45.000	35.750	1,608	-1
65	EMERSON ELECTRIC CO	96.875	6,296.87	140	01/14/94	65.000	62.750	4,078	2,2
55	EXIDE CORP	23.125	1,271.87	4	02/27/96	55.000	30.938	1,701	-4

continued on page 3

Common stock - continued

Total shares	*Description*	*Price*	*Current value*	*Est. annual Income*	*Trade date*	*Shares purchased*	*Purchase price*	*Cost basis*	*Unreal Gain*
120	FEDERATED DEPARTMENT STORES INC NEW NEW	34.125	4,095.00		11/21/96	120.000	33.082	3,969	
80	GENL ELECTRIC CO	98.875	7,910.00	166	01/14/94	80.000	53.125	4,250	3,
105	GENL MOTORS CORP	55.750	5,853.75	168	01/14/94	45.000	61.125	2,750	-
					08/15/96	60.000	51.451	3,087	
25	GENL RE CORP	157.750	3,943.75	51	01/14/94	25.000	104.875	2,621	1,
115	GTE CORPORATION	45.375	5,218.12	216	01/14/94	115.000	34.750	3,996	1,
130	HALLIBURTON CO (HOLDING COMPANY)	60.250	7,832.50	130	01/14/94	130.000	30.720	3,993	3,
70	HONEYWELL INC	65.750	4,602.50	76	05/28/96	70.000	52.485	3,673	
115	IMC GLOBAL INC	39.125	4,499.37	37	01/14/94	110.000	23.437	2,578	1,
					09/19/96	5.000	40.000	200	
120	INGERSOLL RAND	44 500	5,340.00	98	01/14/94	70.000	38.250	2,677	4
					01/03/95	50.000	31 554	1,577	6
70	LOEWS CORP	94 250	6,597.50	70	10/22/96	45.000	80 869	3,639	6
					10/30/96	25.000	81.769	2,044	3
70	MINNESOTA MNG MFG	83 000	5,810 00	137	01/14/94	70.000	52 832	3,698	2,
165	NATL CITY CORP	44 875	7,404.37	271	01/14/94	165.000	25 000	4,125	3,
165	NORWEST CORP	43.500	7,177.50	178	01/14/94	165.000	24.500	4,042	3,1
60	REYNOLDS METALS CO	56 375	3,382.50	84	01/14/94	55.000	48.750	2,681	4
					06/01/95	5.000	48 745	243	
80	TEXAS INSTRUMENT	63.750	5,100.00	54	01/14/94	80.000	36.500	2,920	2,1
12	UNILEVER N V N Y SHS NETHERLANDS	175 250	2,103.00	37	12/02/96	12.000	170 240	2,042	
80	UNTD TECHNOLOGIES CORP	66 250	5,300.00	88	01/14/94	80.000	32.250	2,580	2,7
65	USX-U S STEEL GROUP	31.375	2,039.37	65	01/14/94	65.000	42 500	2,762	-7
70	W R GRACE & CO DEL	51 750	3,622.50	35	10/17/96	45.000	53.312	2,399	-
						25 000	---*This information was unavailable*---		
65	WEYERHAEUSER CO	47.375	3,079.37	104	01/14/94	55 000	47 875	2,633	-
					05/18/94	10.000	40.899	408	
80	XEROX CORP	52.625	4,210 00	93	10/31/96	40.000	46.347	1,853	2
					11/05/96	40.000	45 625	1,825	2
	Total	$	189,882.57	3,595				138,881	49,6

Preferred stock

Total shares	Description	Price	Current value	Est. annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unreal Gain/
25	FRESENIUS NATL MED CARE INC CL D PREFERRED	.130	3.25			25.000	---This information was unavailable---		
	Total	$	3.25						

Money funds

Description		Opening balance	Closing balance	Closing share price	Average yield	Dividend period	Days in period
SANSOM ST MNY MKT PRTFL		11,080.46	9,511.93	1.00	5.03%	11/21 - 12/22	32
Total	$	11,080.46 $	9,511.93				

Monthly activity

Cash flow

Date	Activity	Description	Amount
11/29		**Balance forward**	$ .00
12/02	DIVIDEND	COLUMBIA HCA HEALTHCARE CORP PAID ON 97 AS OF 12/01/96	1.94
12/02	DIVIDEND	NORWEST CORP PAID ON 165 AS OF 12/01/96	44.55
12/02	DIVIDEND	AMP INCORPORATED PAID ON 80	20.00
12/02	DIVIDEND	INGERSOLL RAND PAID ON 120	24.60
12/02	DIVIDEND	LOEWS CORP PAID ON 45	11.25
12/02	DIVIDEND	WEYERHAEUSER CO PAID ON 65	26.00
12/06	DIVIDEND	BOEING COMPANY PAID ON 45	12.60
12/09	DIVIDEND	W R GRACE & CO DEL PAID ON 70	8.75
12/10	DIVIDEND	EMERSON ELECTRIC CO PAID ON 65	35.1
12/10	DIVIDEND	GENL MOTORS CORP PAID ON 105	42.0
12/10	DIVIDEND	USX-U S STEEL GROUP PAID ON 65	16.2
12/10	DIVIDEND	UNTD TECHNOLOGIES CORP PAID ON 40	22.0
12/11	DIVIDEND	EXIDE CORP PAID ON 55	1.1
12/12	DIVIDEND	MINNESOTA MNG MFG PAID ON 70	34.3
12/16	DIVIDEND	DU PONT DE NEMOURS PAID ON 40 AS OF 12/14/96	22.8
12/16	DIVIDEND	HONEYWELL INC PAID ON 70	18.9
12/20	DIVIDEND	AMER INTL GROUP INC PAID ON 60	6.0
12/20	DIVIDEND	DRESSER INDUSTRIES PAID ON 100	17 0

Continued on page 5

Cash flow - continued

Date	Activity	Description		Amount
12/23	DIVIDEND	HALLIBURTON CO		32.50
		(HOLDING COMPANY)		
		PAID ON 130		
12/24	DIVIDEND	SANSOM ST MONEY MKT FUND		46.27
12/30	DIVIDEND	ALLSTATE CORP		8.50
		PAID ON 40		
12/30	DIVIDEND	GENL RE CORP		12.75
		PAID ON 25		
12/30	DIVIDEND	IMC GLOBAL INC		
		PAID ON 115		
		Funds used for security transactions	$	-2,04
		Proceeds from money fund transactions	$	2,04
		Funds used for money fund transactions	$	-47
12/31		**Closing balance**	$	

Security transactions

Date	Activity	Description		Quantity	Price / Value		Amount
12/05	BOUGHT	UNILEVER N V N Y SHS NETHERLANDS		12.000	170.240700	$	2,042.89
12/11	DIVIDEND	UNTD TECHNOLOGIES CORP PAID ON	40	40.000			
		Securities purchased				$	2,042.89

Money fund transactions

The Sansom Street Money Market Portfolio is your primary sweep fund.

Date	Activity	Money fund		Amount
11/29		**Opening Sansom St Money Market Prtfl**	$	11,080.46
12/03	BOUGHT	SANSOM MONEY MKT PORTFOLIO		128.34
12/05	SOLD	SANSOM MONEY MKT PORTFOLIO		-2,042.89
12/09	BOUGHT	SANSOM MONEY MKT PORTFOLIO		12.60
12/10	BOUGHT	SANSOM MONEY MKT PORTFOLIO		8.75
12/11	BOUGHT	SANSOM MONEY MKT PORTFOLIO		115.35
12/12	BOUGHT	SANSOM MONEY MKT PORTFOLIO		1.10
12/13	BOUGHT	SANSOM MONEY MKT PORTFOLIO		34.30
12/17	BOUGHT	SANSOM MONEY MKT PORTFOLIO		41.70
12/23	BOUGHT	SANSOM MONEY MKT PORTFOLIO		23
12/24	BOUGHT	SANSOM MONEY MKT PORTFOLIO		32
12/24	BOUGHT	SANSOM MONEY MKT PORTFOLIO		46
12/31	BOUGHT	SANSOM MONEY MKT PORTFOLIO		30
12/31		**Closing Sansom St Money Market Prtfl**	$	9,511
		Money funds purchased	$	474
		Money funds sold	$	-2,042

Preliminary 1996 Realized Gains/Losses

Estimated 1996 realized gains/losses for transactions with trade dates through 12/31/96 have been incorporated into this statement so that you receive this information as early as possible. Corrections and adjustments may be January which may change the information provided below. Regulated futures held in the account on 12/31/96 must be marked to the market. If you hold regulated futures, mark-to-market realized entries and any other adjust appear on your January statement as well as your 1996 Year-End Summary mailed in February. This information can be used for tax and investment planning but should not be used for tax filing purposes and may not be a co Estimates are not provided for zero coupon investments. Gains/losses are automatically adjusted for amortization of bond premiums on tax-exempt and AMT eligible coupon municipals but may not be adjusted for all capital c oldest security lot was liquidated first (FIFO accounting) unless you specified which lot to close when you placed your order (a versus purchase or VSP order). Estimates in the "Unclassified" section are not able to be classifi term or long-term due to missing information or the product is one for which a gain/loss calculation is not provided. An asterisk (*) indicates a manual change in information or a position opened and closed during the current

Details on back

Security description	*Method*	*Quantity/ Face value*	*Purchase date*	*Sale date*	*Sale amount*	*Purchase amount*	*Loss*	*Gain*
Short-term capital gains and losses - Assets held one year or less:								
DUN & BRADSTREET CORP	FIFO	25.000	02/12/96	06/17/96	$ 1,603.03	$ 1,618.81	$ -15.78	
Total					$ 1,603.03	$ 1,618.81	$ -15.78	
Net short-term gain/loss								$
Long-term capital gains and losses - Assets held more than one year:								
AT&T CORP	FIFO	75.000	01/14/94	11/04/96	$ 2,531.16	$ 2,936.66	$ -405.50	
BETHLEHEM STEEL CORP	FIFO	65.000	03/28/94	11/01/96	519.98	1,360.46	-840.48	
	FIFO	70.000	06/06/94	11/01/96	559.98	1,347.50	-787.52	
CHRYSLER CORP	FIFO	45.000	01/14/94	01/22/96	2,524.28	2,745.00	-220.72	
	FIFO	30.000	03/25/94	02/09/96	1,745.21	1,646.25		98.96
COMERICA INC	FIFO	100.000	01/14/94	10/23/96	5,227.49	2,700.00		2,527.49
CSX CORPORATION	FIFO	25.000	09/16/94	01/15/96	1,118.12	881.25		236.87
	FIFO	35.000	09/16/94	11/19/96	1,574.94	1,233.75		341.19
CYPRUS AMAX MINERALS CO	FIFO	20.000	12/14/94	10/25/96	459.98	515.00	-55.02	
DU PONT DE NEMOURS	FIFO	40.000	01/14/94	10/15/96	3,836.11	2,085.00		1,751.11
FRESENIUS MEDICAL CARE SPON ADR	FIFO	26.000	01/14/94	10/07/96	662.97	1,062.50	-399.53	
HIGHLANDS INS GROUP INC	FIFO	13.000	01/14/94	09/11/96	248.62	198.85		49.77
IMATION CORP	FIFO	7.000	01/14/94	09/11/96	174.99	151.72		23.27
INTEL CORP	FIFO	40.000	01/14/94	07/12/96	2,816.94	1,375.00		1,441.94
	FIFO	25.000	01/14/94	07/18/96	1,793.75	859.38		934.37
	FIFO	25.000	01/14/94	07/19/96	1,800.00	859.38		940.62
LUCENT TECHNOLOGIES INC	FIFO	24.000	01/14/94	10/21/96	1,157.58	1,127.03		30.55
MORTON INTL INC INDS	FIFO	75.000	01/14/94	06/03/96	2,885.83	2,496.88		388.95
	FIFO	30.000	05/26/94	06/03/96	1,154.33	826.25		328.08
NEWMONT MINING CORP	FIFO	56.000	01/14/94	04/08/96	3,316.76	2,604.38		712.38

Continued on page 7

December 1996
PAINEWEBBER ACCESS
Individual Retirement Rollover Account

[redacted]

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PaineWebber
Retirement Account

Preliminary 1996 Realized Gains/Losses - continued

Security description	*Method*	*Quantity/ Face value*	*Purchase date*	*Sale date*	*Sale amount*	*Purchase amount*	*Loss*	*Gain*	g
PITNEY BOWES INC	FIFO	65.000	01/14/94	09/20/96	$ 3,390.04	$ 2,705.63		$ 684.41	
Total					$ 39,499.06	$ 31,717.87	$ -2,708.77	$ 10,489.96	
Net long-term gain/loss									$ 7,
Total net gain/loss									$ 7,

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED
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JON D. FOX
(Full Name)

312 GLEN LANE
ELKINS PARK, PA 19027
(Mailing Address)

(202) 225-6111
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives — State: PA District: 13	☐ Officer or Employee — Employing Office:	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL ✓ Jon D. Fox

DATE (Month/Day/Year) May 9, 1997

Name JON D. FOX	Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NOT APPLICABLE		

For payments to charity in lieu of honoraria, use Schedule II.

Name JON D. FOX	Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	NONE KNOWN			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JON D. FOX

Page 3 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Prudential IRA		X												X														
	Eastman Kodak	X											X						X										
	Prudential Insurance		X												X					X									
	Fidelity Magellan Fund		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JON D..FOX

Page 4 of 8

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	NOT APPLICABLE																												

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SCHEDULE IV — TRANSACTIONS

Name JON D. FOX

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	NOT APPLICABLE														

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Name JON D. FOX

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
		Bruce Toll											
		1477 Rydal Road, Rydal, PA 19046	Personal Loan		X								
		Congressional FCU	Visa	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

	Source	Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
		NONE KNOWN	

Use additional sheets if more space is required.

Name JON D. FOX

Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Society of Health-System Pharmacists		Dec. 8-9	Phila., PA-New Orleans-Washington, D.C.	Y	Y	N	N

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Name JON D. FOX	Page 8 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE KNOWN

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE KNOWN	

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Barney Frank
(Full Name)

2210 Rayburn Bldg. Washington, DC 20515
(Mailing Address)

202-225-5931
Daytime Telephone:

Filer Status	☒ Member of the U.S. House of Representatives State: Mass. District: 4th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C app 4, §104 and 18 U.S.C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Barney Frank

DATE (Month/Day/Year) May 14, 1997

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Barney Frank

Page 2 **of** 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	US Trust (Boston, MA) IRA			X											X						X								
	TIAA-CREF Retirement Account			X									X			X			X										
	1919 S St., NW Wash., DC (personal residence; ½ interest)					X									NA				X										
	City of Springfield, Mass. Municipal Bonds			X											X						X								
	McGraw-Hill Publishing Co. Hightstown, NJ		INDEFINITE										ROYALTIES						X										
	Fidelity Investments (Boston) IRA (mutual funds)		X										X			X			X										
	City of Taunton, Mass. Municipal Bonds			X											X					X									
	Town of Leicester, MA Municipal Bonds			X											X					X									
	University of Massachusetts Building Authority Bonds		X												X					X									
	Fidelity Investments (Boston) tax-free money market account		X												X					X									
	AIM IRA (Boston)			X									X			X					X								
	US Trust (Boston) Savings Acct.		X												X					X									

This page may be copied if more space is required.

Name Barney Frank

Page 3 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Union Mortgage Co. (Raleigh,NC)	Mortgage on 1919 S St. NW (Wash., DC) ½ interest personal residence				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Barney Frank	Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
City University of New York (New York, NY) - speech		April 26	Wash., DC - New York - Wash., DC (by train)	N	N	N	N
Philadelphia Pride Fest (Phila., PA) - speech		May 4 - 5	Wash., DC - Philadelphia - Wash. (air travel)	Y	Y	N	N
Citizen Action (New York)- Panel discussion/speech		Nov.14-15	Wash., DC - New York - Providence, RI (train and air travel)	Y	Y	N	N
Intl. Network of Lesbian and Gay Officials (Los Angeles) - speech		Nov.22-25	Wash., DC - Los Angeles - Atlanta (air travel, Atlanta - Wash., DC leg paid out of personal funds)	Y	Y	N	N
Fred Friendly Seminars (New York) -- TV panel discussion		Dec.14-15	Wash., DC - Philadelphia (train)	Y	Y	N	N
The 100 (non-profit speakers forum; Ft. Laudedale) - speech		Dec.15-16	Philadelphia - Ft. Lauderdale (air travel, Ft. Lauderdale - Wash., DC leg paid out of personal funds)	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 AM 11:52
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U.S HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)
MC

Robert D. Franks & Frances L. Smith
(Full Name)

1200 Springfield Avenue, Apt. 3-B
New Providence, New Jersey 07974
(Mailing Address)

(201) 994-9400 Martin S. Barber
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives State: NJ District: 7	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Bob Franks

DATE (Month/Day/Year) 5/14/97

Name Robert D. Franks

Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Soouse Salary	NA
	U.S. House of Representatives	Salary	$124,360
	Insurance Services Office, Inc.	Spouse salary	$ 71,252

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert D. Franks	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
The Connell Company, Westfield, NJ		Speech	June 3, 1996	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert D. Franks

Page 1 of 1

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14–20.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.						BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SP	First Union		X												X				X										
	Summit Federal SLA			X											X					X									
	Corestates			X											X					X									
SP	Legg Mason Wood Walker		X										X						X										
SP	ICSO Employees Savings Plan				X																								
	Federal Thrift Savings Plan				X																								

For additional assets and unearned income, use next page.

Name Robert D. Franks	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Managers	Children's Specialized Hospital
Advisory Board	The Occupational Center
Board of Directors	Cerebral Palsey Association of Middlesex County
Advisory Board	United Family and Children's Society of Plainfield
Honorary Board Member	Armenian Genocide Memorial Museum of America
Friend	Garden State Cancer Center

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO: 1997 38–554 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Rodney P. Frelinghuysen
(Full Name)

335 James Street
Morristown, New Jersey 07960
(Mailing Address)

(908) 439-3499 (Tina)
(202) 225-5034 (Rodney)
Daytime Telephone

Filer Status	☒ Member of the U.S House of Representatives — State New Jersey District 11	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☒	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C app. 4, §104 and 18 U.S.C §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/13/97

Name Rodney P. Frelinghuysen | Page 2 of 30

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name Rodney P. Frelinghuysen

Page 3 of 30

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	N O N E			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rodney P. Frelinghuysen

Page 4 of 30

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT			BLOCK A	BLOCK B A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E P, S, E
	Examples:	SP	Mega Corp. Stock				X								X							X									P
			123 Main St., Dover, Del.							X						X											X				
			1st Bank of Paducah, KY accounts					X									X							X							
			See Continuation Sheets																												
			Pages 5 thru 22																												

For additional assets and unearned income, use next page.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	**CURRENT VALUE**	**INCOME TYPE**	**1996 INCOME**	**1996 TRANSACTION**
Johnson & Johnson	F	DIV	V	
Pall Corp.	F	DIV	IV	DIV REINVEST.
Peapack Gladstone Bank - NJ	D	DIV	II	
Summit Bancorp. - NJ	E	DIV	IV	
Valley National Bancorp - NJ	B	DIV	I	
Freedom Tax Exempt Money Fund	NONE	DIV	I	WITHDRAWN
Procter & Gamble Co.	H	DIV	VI	DIV REINVEST.
International Business Machines	F	DIV	IV	DIV REINVEST.
Eli Lilly & Co.	G	DIV	V	DIV REINVEST.
Computer Technology (IRA)	B	NONE	NONE	
Freedom Cash Management Fund(IRA)	B	DIV	I	
Peapack Gladstone Bank (CKG)	E	INT	IV	
Chase Manhattan(SVGS)	B	INT	II	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	**CURRENT VALUE**	**INCOME TYPE**	**1996 INCOME**	**1996 TRANSACTION**
Congressional Federal Credit Union	C	Int	II	
Aetna Life & Casualty Co.	NONE	DIV	II	E
Aetna, Inc.	D	Div	II	E
Citizens Utilities Co. - Ser A	C	NONE	NONE	
First Fidelity Bancorp.	NONE			E
First Union Corp.	C	DIV	II	E
Merck & Co., Inc.	E	DIV	IV	
Pfizer, Inc.	D	DIV	III	
Tambrands, Inc.	C	DIV	II	
Thomas & Betts Corp.	C	DIV	II	
Warner Lambert Co.	D	DIV	III	
CATS - PRIN - Ser K	B	OID INT	I	
CATS - PRIN - Ser M	B	OID INT	II	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	CURRENT VALUE	INCOME TYPE	1996 INCOME	1996 TRANSACTION
CATS - PRIN - Ser Q	C	OID INT	III	
Freedom Cash Management Fund	NONE	DIV	I	WITHDRAWN
Federated U.S. Treasury	D	INT	IV	P
Motorola, Inc.	C	DIV	NONE	P
Twin Oaks Realty	NONE	Ptnrship	V	SOLD
First Pioneer Farm Credit, ACA Depreciating Member Ownership of 5% of loan balance	B	NONE	NONE	
134.96 Acres unimproved land, Frelinghuysen Twp., NJ (Est.Value)	G			
1/5th undivided interest in 235.8 acres of unimproved land, Stockbridge, Ma. (Est.Value)	E			
22.84 Acres unimproved land, Green Twp., NJ (Est. Value)	C			

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Rodney P. Frelinghuysen does not receive monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1996 Income received III

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Non-Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Rodney P. Frelinghuysen does not receive monthly, quarterly, or yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1996 Income received VIII

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : A.H. Frelinghuysen 1950 Trust ,
Peter H. B. Frelinghuysen and Henry O.H. Frelinghuysen,
Trustees (1/5 income interest)*

All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Rodney P. Frelinghuysen does not receive monthly, quarterly, or yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1996 Income received VI

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. S. Procter Trust U/D dated 5/31/60, Henry O.H. Frelinghuysen and Mac Donald Budd, Trustees (discretionary 1/6 income interest)*

All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Rodney P. Frelinghuysen does not receive monthly, quarterly, or yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1996 Income received	III

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Peter H.B. Frelinghuysen Trust U/D dated 1/17/57, Peter H.B. Frelinghuysen and George L. K. Frelinghuysen, Trustees (1/9th income interest)*

All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Rodney P. Frelinghuysen does not receive monthly, quarterly, or yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1996 Income Received VI

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. P. Frelinghuysen Trust U/A
4/3/73 Banker's Trust Company, New York, NY
Trustee (discretionary income interest)*

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1996 TRANSACTION
Knight Ridder, Inc.	C	DIV	
Merck & Co., Inc.	E	DIV	
Procter & Gamble Co.	H	DIV	
Thomas & Betts Corp.	C	DIV	
USX - Marathon Group	B	DIV	
USX - U S Steel	B	DIV	
U. S. Treasury Notes	NONE	INT	REDEEMED
Banker's Trust Co. Tax Free Income Fund	E	DIV	

* All Assets listed are held in trust, and all transactions are initiated by the Trustee. Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments However, Rodney P. Frelinghuysen does receive quarterly statements regarding this trust.

1996 Income Received V

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

**Identity : V. T. Robinson Trust U/A dated
4/10/80, Fiduciary Trust Company, Boston, Ma.
Trustee (spouse discretionary income interest)***

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1996 TRANSACTION
Scudder Institutional Tax Free Fund	E	INT	P
New Jersey Ref Ser B	NONE	INT	REDEEMED
U. S. Treasury Notes	F	INT	P/REDEEMED
Lewisville Texas Muni Bond	NONE	INT	REDEEMED
U. S. Treasury Bonds	D	INT	
Voorhees Twp. NJ Bd of Ed	D	INT	
Passaic Cty NJ Ref - Gen Imp	C	INT	

All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1996 TRANSACTION
Time Warner, Inc. Conv Sub Deb	NONE	INT	S
Deptford Twp.NJ School District	E	INT	
Home Depot, Inc.	E	DIV	
CPC International	C	DIV	
Coca Cola Co.	E	DIV	
General Mills	D	DIV	
Pepsico, Inc.	E	DIV	
Phillip Morris Cos., Inc.	D	DIV	
Procter & Gamble Co.	B	DIV	
Sara Lee Corp.	C	DIV	
Bristol Myers Squibb Co.	C	DIV	
Merck & Co., Inc.	E	DIV	
Pfizer, Inc.	F	DIV	
Schering Plough Corp.	C	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	**CURRENT VALUATION**	**INCOME TYPE**	**1996 TRANSACTION**
Aetna, Inc.	D	DIV	E/S
Aetna Life & Casualty	NONE	DIV	E
Hartford Steam Boiler Insp. & Ins.	C	DIV	
J.P. Morgan & Co.	E	DIV	
Time Warner, Inc.	B	DIV	
General Motors Corp. CL'E'	NONE	DIV	E
Electronic Data Systems Corp.	D	DIV	E
H & R Block	C	DIV	
Reuters Holdings PLC ADR B	D	DIV	
General Electric Co.	E	DIV	
Emersen Electric Co.	C	DIV	
Parker - Hannifin Corp.	D	DIV	
Hewlett - Packard	E	DIV	
Intel Corp.	D	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1996 TRANSACTION
International Business Machines	B	DIV	
Microsoft Corp.	F	NONE	
Motorola, Inc.	D	DIV	
Atlantic Richfield	D	DIV	
Enron Corp.	C	DIV	
Exxon Corp.	D	DIV	
Royal Dutch Petroleum Co.	C	DIV	
Union Pacific Corp.	C	DIV	Cost basis adj. for spin-off
Union Pacific Resources Group	C	DIV	Spin-off from Union Pacific
Morgan Stanley Emerging Mkt. Funds	C	DIV	P
Scudder Int'l Fund	E	DIV	P
AT & T Corp.	B	DIV	Cost basis adj. for spin-off
Lucent Technologies	B	DIV	Spin-off from AT&T
Telefonica De Espana S.A.	C	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1996 TRANSACTION
Darden Restaurants, Inc.	NONE	NONE	S
Banc One Corp.	C	DIV	
Federal Nat'l Mortgage Assn.	C	DIV	P
First Data Corp.	C	DIV	P
1996 Income Received		VIII	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income beneficiary)*

HOLDINGS	**CURRENT VALUATION**	**INCOME TYPE**	**1996 TRANSACTION**
Scudder Institutional Fund Tax Free	NONE	INT	WITHDRAWN
U. S. Treasury Notes (Various)	E	INT	REDEEMED
Randolph Twp. NJ Muni Bond	D	INT	
NJ Sports Expo Auth	D	INT	
NJ (Tax Exempt) Muni Bond	D	INT	
Florida St Bd of Ed	C	Int	
Banc One Corp. $3.50 Conv Pfd C	D	DIV	

All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1996 TRANSACTION
Darden Restaurants, Inc.	NONE	NONE	S
Coca Cola Co.	E	DIV	S
General Mills	D	DIV	
Phillip Morris Cos., Inc.	D	DIV	
Sara Lee Corp.	D	DIV	
Abbott Labs	C	DIV	
Merck & Co., Inc.	D	DIV	
Johnson & Johnson	C	DIV	
Warner Lambert	D	DIV	
AT & T Corp.	C	DIV	Cost basis adj. for spin-off
Lucent Technologies	B	DIV	Spin-off from AT&T
Bell South Corp.	D	DIV	
American Int'l Group	D	DIV	
J.P. Morgan & Co.	D	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1996 TRANSACTION
Gannett Co.	C	DIV	
General Motors Corp. CL 'E'	NONE	NONE	E
Electronic Data Systems Corp.	D	DIV	E
Reuters Holdings PLC ADR	D	DIV	
E.I. DuPont DeNemours	NONE	DIV	S
Emerson Electric	C	DIV	
General Electric Co.	E	DIV	S
Parker - Hannifin Corp.	D	DIV	
Hewlett - Packard	D	DIV	
Intel Corp.	E	DIV	
Microsoft Corp.	E	DIV	
Motorola, Inc.	D	DIV	
Atlantic Richfield	C	DIV	
Exxon Corp.	E	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1996 TRANSACTION
Royal Dutch Petroleum	E	DIV	
Federal Nat'l Mortgage Assn.	C	DIV	P
Pfizer, Inc.	C	DIV	P
First Data Corp.	C	DIV	P
1996 Income Received		VII	

Name Rodney P. Frelinghuysen | **Page** 23 of 30

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–96		X								
	See Continuation Sheets														
	Pages 24 thru 27														

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Qtrly. Div. Re-Invest.	Pall Corporation	P	B
Qtrly. Div. Re-Invest.	Procter & Gamble	P	C
Qtrly. Div. Re-Invest.	International Business Machines	P	B
Qtrly. Div. Re-Invest.	Eli Lilly & Co.	P	B
01/01/96	First Union Corp - rec'd equal shares in exchange for First Fidelity Bancorp	E	Even Exchange
05/01/96	Aetna Life, Inc. - Rec'd equal shares in exchange for Aetna Life & Casualty Co.	E	Even Exchange
10/03/96	Motorola, Inc.	P	C
12/01/96	Twin Oaks Realty	S	B
Various	Freedom Tax Exempt Money Fund	Withdrawn	B
Various	Freedom Cash Management Fund	Withdrawn	D
Various	Federated U. S. Treasury	P	D

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
01/15/96	NJ Ref. - Ser. B	Sold	C
02/01/96	Time Warner, Inc. Conv. Sub Deb	Sold	C
03/28/96	Aetna Life & Casualty Co.	Sold	D
03/28/96	Darden Restaurants, Inc.	Sold	B
04/02/96	Federal Nat'l Mortgage Assn.	Purchased	C
04/02/96	First Data Corp.	Purchased	C
06/13/96	Electronic Data Systems Corp. - rec'd Equal Shares in exchange for General Motors Corp. "Class E"	E	Even Exchange
07/15/96	U.S. Treasury Notes	Purchased	D
07/15/96	U.S. Treasury Notes	Redeemed	D
12/01/96	Lewisville, Texas Bond	Redeemed	C
10/03/96	Lucent Technologies - Rec'd as spin-off from AT&T Corp. AT&T holdings cost basis adj. for value	Spin-Off	B

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

-	Union Pacific Resources Group - rec'd as spin-off from Union Pacific Corp. Union Pacific Corp. cost basis adj. for value of spin-off	Spin-off	D
-	Aetna, Inc. - rec'd equal shares in exchange for Aetna Life & Casualty	E	Even Exchange
Various	Morgan Stanley Emerging Mkt. Funds	P	B
Various	Scudder Int'l Fund	P	B
Various	Scudder Institutional Funds (Money Market Fund - Tax Free)	P	E

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (Spouse discretionary income beneficiary)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
03/28/96	Darden Restaurants, Inc.	Sold	B
04/02/96	Federal National Mortgage Assn.	Purchase	C
04/02/96	First Data Corp.	Purchase	C
04/02/96	Coca Cola Co.	Sold	C
04/02/96	E.I. DuPont DeNemours	Sold	D
04/02/96	General Electric	Sold	C
04/02/96	Pfizer, Inc.	Purchased	C
06/13/96	Electronic Data Systems Corp. - rec'd equal shares on exchange for General Motors Class "E"	E	Even Exchange
07/15/96	U. S. Treasury Notes	Redeemed	C
10/03/96	Lucent Technologies - rec'd as a spin-off from AT&T Corp. AT&T cost basis adjusted for value	Spin-off	B
Various	Scudder Institutional Funds	Withdrawn	B

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : B. S. Procter Trust U/D dated 5/31/60, Henry O.H. Frelinghuysen and Mac Donald Budd, Trustees (discretionary 1/6 income interest)*

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
4/30/96	U. S. Treasury Notes due 4/30/96	Redeemed	B

Name	Page
Rodney P. Frelinghuysen	28 of 30

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	First Pioneer Farm Credit, ACA	Mortgage on Real Estate in Frelinghuysen Twp.			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Rodney P. Frelinghuysen | Page 29 of 30

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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Name Rodney P. Frelinghuysen	Page 30 of 30

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee, Advisory	Morristown Memorial Hospital, Morristown, N. J.
Member, Advisory Board	El Primer Paso, LTD, Morristown, N. J.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

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U.S. HOUSE OF REPRESENTATIVES

'96

RODNEY P. FRELINGHUYSEN
11TH DISTRICT, NEW JERSEY
COMMITTEE
APPROPRIATIONS
SUBCOMMITTEES:
VETERANS, HOUSING AND INDEPENDENT AGENCIES
ENERGY AND WATER
FOREIGN OPERATIONS, EXPORT FINANCING AND RELATED AGENCIES

Congreſs of the United States
House of Representatives
Washington, DC 20515–3011

WASHINGTON OFFICE
228 CANNON BUILDING
WASHINGTON, DC 20515–3011
(202) 225-5034

DISTRICT OFFICE
1 MORRIS STREET
MORRISTOWN, NJ 07960
(201) 984-0711

HAND DELIVERED

✓ Me

①

May 13, 1997

Hon. Robin Carle
The Clerk, U.S. House of Representatives
B106 Cannon HOB
Washington, DC 20515

Dear Ms. Carle:

I request that the Financial Disclosure for 1995 reflect a change as follows:

The asset listed on continuation sheet page 5, "Eli Lilly & Co" was listed in the wrong category. It was typed as category "E" and should have been category "F".

Thank you for your assistance in this matter.

Sincerely,

Rodney P. Frelinghuysen
Member of Congress

RPF:dm

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 APR 25 AM 10: 34
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U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED (10)
(Office Use Only)

Martin Frost
(Full Name)

2256 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-3605

Filer Status	☒ Member of the U.S. House of Representatives — State: TX, District: 24th	☐ Officer or Employee	Employing Office
Report Type	[✓ ☒ Annual (May 15)]	☐ Amendment	☐ Termination — Termination Date

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 4/24/97

Name Martin Frost

Page 2 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	The Connell Company	Speech	Feb. 26, 1996	$2000.00

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SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Name Martin Frost

Page 3 of 10

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Central & SouthWest Stock			X									X									X							
	Eli Lilly Stock				X								X							X									
	Exxon Stock				X								X									X							
	Houston Industries Stock			X									X								X								
	EDS		X										X						X										
	Coca Cola Stock (IRA)		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost

Page 2 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Mattel Stock (IRA)		X																X										
	Treasury CATS (IRA)		X																X										
	Municipal Invest. Trust Fund		X										X						X										
SP	McDonald's Stock			X									X						X										
SP	Walmart Stock		X										X						X										
SP	WMX Stock		X										X						X										
SP	Viacom			X									X						X										
SP	Treasury CATS (IRA)			X											X				X										
SP	Series E Bonds		X												X				X										
SP	Sara Lee Stock			X									X							X									
SP	Staples Stock		X																X										
SP	Coca Cola Stock		X										X						X										
SP	Philip Morris Stock			X									X							X									
SP	Telefones de Mexico		X										X						X										
SP	Texaco Stock		X										X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Pall Corp Stock		X										X						X										
SP	NYNEX Stock		X										X							X									
SP	Merck Stock		X										X						X										
SP	Citizens Utilities Stock		X										X						X										
SP	Pentech Stock	X																	X										
SP	AT&T Stock		X										X						X										Gift
SP	Lucent Technologies Stock		X										X						X										E
SP	Chevy Chase FSB		X												X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
DC	Congressional Federal Credit Union		X												X				X										
DC	Bank United		X												X					X									
DC	Treasury C.A.T.S.		X												X					X									S
DC	Coca Cola Stock		X										X						X										
DC	McDonalds Stock		X										X						X										
DC	Bank United		X												X					X									
DC	AT&T Stock		X										X						X										
DC	Texaco Stock		X										X						X										
DC	Bristol Myers Squibb Stock		X										X						X										
DC	Treasury C.A.T.S.			X											X						X								
DC	Westinghouse Stock		X										X						X										
DC	Coca Cola Stock		X										X						X										
DC	General Electric Stock		X										X						X										
DC	McDonalds Stock		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost

Page 7 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
DC	Sara Lee Stock		X										X						X										
DC	Walmart Stock		X										X						X										
DC	Walt Disney Stock		X										X						X										
DC	AT&T Stock		X										X						X										
DC	Bristol Myers Squibb Stock		X										X						X										
DC	Texaco Stock		X										X						X										
DC	Lucent Technologies Stock	X											X						X										E
DC	Bond, MD. St. Health & Higher Educ.		X																X										
DC	Bond, Austin, TX, ISD		X																X										
DC	Westinghouse Stock		X										X						X										
DC	Congressional Federal Credit Union		X												X					X									
DC	Lucent Technologies Stock		X										X						X										E

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Martin Frost

Page 8 of 10

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000*	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
DC	Walt Disney Stock		X		7/11/96	X									
DC	Walmart Stock		X		12/18/96	X									
DC	Treasury C.A.T.S.		X		5/15/96	X									
SP	AT&T Stock (Gift)				2/21/96	X									
SP	Lucent Technologies Stock			X	9/30/96	X									
SP	EDS Stock			X	6/10/96	X									
DC	Lucent Technologies (Stock)			X	9/30/96	X									
DC	Lucent Technologies (Stock)			X	9/30/96	X									

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

This page may be copied if more space is required.

Name Martin Frost

Page 9 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Magnolia Mortgage Company	Mortgate on										
		2535 Wedglea										
		Dallas, TX		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Martin Frost

Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	World Craniofacial Foundation
	P. O. Box 515838
	Dallas, Texas 75251-5838

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

(5)

97 MAY 15 PM 3:04

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Elizabeth Furse
(Full Name)

316 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone 202-225-0855

HAND DELIVERED
(Office Use Only)

Filer Status	☒ XX Member of the U.S. House of Representatives State: Oregon District: First	☐ Officer or Employee	Employing Office:
Report Type	☒ XX Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Elizabeth Furse	**DATE** (Month/Day/Year) May 15, 1997

Name Elizabeth Furse

Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Columbia River Intertribal Fish Commission	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Elizabeth Furse

Page 3 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	22485 NW Yungen, Hillsboro, OR						X						grape production and winery										X						
JT	22770 & 22790 NW Yungen Hillsboro, OR						X							X									X						
JT	Columbia Daily Income Account		X												X					X									
JT	wine inventory				X								sales									X							S(portion)

For additional assets and unearned income, use next page.

Name Elizabeth Furse

Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Farm Credit Service	mortgage on 22485,22770, 22790 NW Yungen				X						
JT	Sidney Brownell, Cambria, CA	secured demand note			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Elizabeth Furse

Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Committee Member	Oregon Peace Institute (Portland,OR)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO: 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY -9 PM 12:40

mc MAY -5 1997
(Office Use Only)

Elton Gallegly
(Full Name)

P. O. Box 3789
(Mailing Address)

Simi Valley, CA 93093

Daytime Telephone 805-522-4487

Filer Status	☒ Member of the U S House of Representatives State CA District 23	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ XX	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ XX	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ XX	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ XX	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 5, 1997

Name Elton Gallegly

Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Dynamic Realty	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Elton Gallegly

Page 3 of 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock				X								X							X									P
	123 Main St. Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	1791 Erringer Rd., Simi Valley						X							X										X					
JT	1353 Agnew St., Simi Valley					X								X									X						
SP	Dynamic Realty		X																N/A										
JT	Simi Valley Bank				X										X						X								
JT	So. Calif. Savings					X									X								X						
	Cong. Federal Credit Union		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Elton Gallegly

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Keough - Bank of A. Levy		X																N/A										
	IRA - Resources Trust RTC Cash Account	X																	N/A										
	IRA - Resources Trust Ventura Pacific Capital Gp VI		X																N/A										
	IRA - Resources Trust - Rincon Pac Mgmt Focus Sector All				X														N/A										
	IRA - Resources Trust Meridian Ind. Trust			X															N/A										
SP	IRA - Fortis - Advantage Asset Allocation			X															N/A										
SP	IRA - DLJSC Amgen		X																N/A										
JT	Midland Property Ltd Ptr XXIII			X											X				X										
	who owns affordable housing at Central Ave. & Ventura Court																												
	Center, Colorado - and - who owns senior housing at																												
	1615 "O" Street Sacramento, CA 95814																												

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Name Elton Gallegly

Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Mrs. Melissa Steinbergs 16065 Pinnacle Rd. Chino Hills, CA	Mortgage 1791 Erringer Simi Valley, CA				X						
JT	GMAC Mortgage P. O. Box 780, Waterloo, IA 50704	Mortgage 1353 Agnew St. Simi Valley, CA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Elton Gallegly	**Page** 6 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Independent Bakers Assn.		Nov.10-12	Palm Springs, CA	Y	Y	Y	N

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page 10

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 13 PM 2:33
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

John Gregory Ganske
(Full Name)

5206 Waterbury Rd, Des Moines, Iowa 50312
(Mailing Address)

Daytime Telephone 515 277-4886

Filer Status	☐ Member of the U S House of Representatives State ___ District ___ ☐ Officer or Employee Employing Office ___
Report Type	☐ Annual (May 15) ☐ Amendment ☐ Termination Termination Date ___

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Greg Ganske

DATE (Month/Day/Year) 5/13/97

Name John Gregory Ganske | Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Corrine Ganske, MD. Medical Practice, Des Moines, Ia.		
	Central Iowa Hospital Corporation	Salary - spouse	N.A.
	John Greg GANSKE, MD. prior Medical practice Des Moines, Ia	patient fees - old accounts	$110.00

For payments to charity in lieu of honoraria, use Schedule II.

Name John Greg Ganske

Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Gregory Gaurke

Page 4 of 10

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
✓	St Joe Corporation - stock					X							X							X									
✓	Central Fund CDA LTD - Stock					X							X								X								
✓	IRA Vanguard Windsor Fund			X									X			X					X								
✓	IRA Vanguard Index - 500				X								X			X				X									
✓	Keogh - Janus Twenty Fund					X							X			X								X					
✓	Keogh - Mutual Shares Fund					X							X			X								X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Gregory Ganske

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Fidelity Growth Fund						X						X			X							X						
	Fidelity Overseas Fund						X						X			X							X						
	Vanguard Index Trust S&P						X						X			X							X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Gregory Ganske

Page 6 of 16

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	~~RENT~~ net farm income	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
✓	Keogh - Vanguard Windsor					X							X			X								X					
✓	Keogh - Schwab Govt Money Fund		X										X			X					X								
✓	Keogh - Schwab S&P 500			X																X									
✓	Farmland, Northern Iowa					X								X					X										
	156 Acres - Hamilton Co																												
✓	Checking account - Norwest		X												X						X								
✓	Fareway Stores Stock			X									X								X								
	Alliance Govt Reserves Fund				X								X								X								
SP	Keogh - Schwab				X								X			X						X							
SP	IRA - Fidelity				X								X			X							X						
SP	IRA - Vanguard Windsor				X								X			X							X						
SP	TSA - Equivest			X									X			X					X								
SP	Savings - Norwest				X										X							X							
SP	Checking - Norwest		X												X				X										
DC	Trust - Norwest, common Funds						X						X		X									X					

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SCHEDULE IV — TRANSACTIONS

Name John Gregory Ganske

Page 2 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	IRA Fidelity Magellan		x					X							
	IRA Vanguard S+P 500	x						X							
	Alliance Govt Reserves		x		4/4/96, 8/29/96 11/27/96					X					
	Fidelity Growth Co. Fund	x			4/4/96				X						
	Fidelity Overseas Fund	x			4/4/96				X						
	Vanguard Instl Trust S&P	x			8/29/96				X						
	Vanguard Index " "	x			11/27/96				X						

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Name John Gregory Ganske

Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Norwest Bank, Des Moines	personally guaranteed People for Ganske Loan						X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

Name John Greg Ganske

Page 9 of 10

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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Name John Gregory Gansler | Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

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Use additional sheets if more space is required.

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

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(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**	Form A For use by Members, officers, and employees

Samuel Gejdenson
(Full Name)

1401 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-2076

Filer Status	☒ Member of the U.S House of Representatives	State: CT District: 02	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☒ No ☐

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C app 4, 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 05/15/97

Name Samuel Gejdenson

Page 2 **of** 10

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	United Illuminating	Fees, Spouse Director's	n/a
	Joseph Cohn and Son, Inc	Spouse Benefits	n/a
	Birmingham Utilities	Spouse Salary	n/a
	Aristotle Corporation	Fees, Spouse Director's	n/a
	Citizens Bank	Fees, Spouse Director's	n/a

For payments to charity in lieu of honoraria, use Schedule II.

Name Samuel Gejdenson | **Page** 3 of 10

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
None.				$

Name Samuel Gejdenson | **Page** 4 **of** 10

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Wright Patman Congressional Federal Credit Union	$1,001 - $15,000			

Name Samuel Gejdenson	**Page** 5 **of** 10

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	None.			

Name Samuel Gejdenson	**Page** 6 **of** 10

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
	Eastern Savings and Loan of Norwich, Connecticut	Line of Credit, Gejdenson Re-election Committee	$15,001 - $50,000
	Eastern Savings and Loan of Norwich, Connecticut	Personal Loan	$15,001 - $50,000
	Mellon Mortgage Company	Mortgage on 110 3rd Street, NW, Washington, DC	$50,001 - $100,000
	Wright Patman Congressional Federal Credit Union	Line of Credit	$10,001 - $15,000

Name Samuel Gejdenson

Page 7 **of** 10

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule

For further information, see instructions, pages 22-24

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None.		$

Name Samuel Gejdenson	**Page** 8 **of** 10

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, **see** Instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash , D C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
None.							

Name Samuel Gejdenson

Page 9 **of** 10

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
None.	

Name Samuel Gejdenson

Page 10 **of** 10

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
	None.	

⑦

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 14 PM 3:29
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

George W. Gekas
(Full Name)

732 South 25th Street
Harrisburg Pennsylvania 17111
(Mailing Address)

202 225-4315
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives State PA District 17th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Gekas

DATE (Month/Day/Year) 5/14/97

Name George W. Gekas

Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Gordon D. Myers, M.D.	Spouse Salary	NA
	The Pennsylvania State University	Spouse Salary	NA
	Commonwealth of Pennsylvania State Employes' Retirement System	Legislative Pension	$15,128
	Myzod Breech Estate (George W. Gekas was named in the will	Administration of Estate	$ 500
	of the decendant as Administrator of the Estate)		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name George W. Gekas

Page 3 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Dauphin Deposit Bank Harrisburg, PA (IRA)			X											X						X								P
SP	Prudential Securities New York, NY (see Exhibit A) (IRA)					X							X		X	X			NA - IRA										P
SP	Diversified Investment Advisors Purchase, NY (IRA)		X												X				NA - IRA										
	Congressional Federal Credit Union Washington, D.C.	X													X				X										
	Dauphin Deposit Bank Harrisburg, PA			X											X					X									
	Mid Penn Bank Millersburg PA				X										X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name George W. Gekas

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Harris Savings Association Harrisburg PA				X										X							X							
	U.S. Savings Bonds "EE"					X									X				X										
	Invesco Funds Group Inc. Denver Co	X											X			X			X										
JT	PNC Bank Camp Hill, PA	X													X				X										
	Meridian Bank Reading, PA	X													X				X										
SP	Dauphin Deposit Bank Harrisburg PA		X												X				X										
SP	U.S. Savings Bonds "E"		X												X				X										
SP	124 Boas Street Harrisburg, PA				X									X									X						
SP	Interest in Estate of Louis Charas (see Exhibit B)					X								NONE					X										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name George W. Gekas

Page 5 of 7

		Type of Transaction			Date	Amount of Transaction									
Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Dauphin Deposit Bank (IRA)	X			4.14.96	X									
SP	Prudential Securities (IRA):														
	Aim Equity Funds, Inc. Charter Fund	X			9.6.96	X									
	Phoenix Balanced Fund	X			9.6.96	X									
	Prudential Multi, Sector Fund: Class A	X			9.6.96	X									
	CD- Berkeley Fed Bank & Trust		X		9.6.96	X									

This page may be copied if more space is required.

Name George W. Gekas	Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Dauphin National Bank, Harrisburg, PA	Blanket Mortgage on 732 S. 25th St., Hbg, PA										
	}	313 S. 31st St. Hbg., PA 124 Boas St. Hbg., PA			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

GEORGE W. GEKAS
FINANCIAL DISCLOSURE STATEMENT
1996

EXHIBIT A

Schedule III - Assets
Prudential Securities - Spouse - IRA

Assets related to the IRA account on December 31, 1996

	Value
AIM Equity Funds Incorporated - Charter Fund	\$50,001 - \$100,000
AIM Equity Funds Incorporated - Constellation Fund	\$15,001 - \$ 50,000
Phoenix Balanced Fund	\$15,001 - \$ 50,000
Prudential Multi Sector Fund: Class A	\$15,001 - \$ 50,000
Cash	\$ 1,001 - \$ 15,000

EXHIBIT B

Schedule III - Assets
Interest in Estate of Louis Charas - Assets within the Estate

	Value
732 S. 25th Street, Harrisburg, PA - House	\$50,001 - \$100,000
313 S. 31st Street, Harrisburg, PA - House	\$50,001 - \$100,000

(1)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

Richard A. Gephardt
(Full Name)

H-204 The Capitol
Washington, D.C. 20515
(Mailing Address)

Daytime Telephone 202/225-0100

Filer Status	☒ Member of the U S House of Representatives — State MO District 03	☐ Officer or Employee — Employing Office:	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	☒	☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	☐	☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	☒	☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	☒	☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	☒	☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	☐	☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	☒	☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	☒	☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	☐	☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	☐	☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	☐	☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S.C app 4, §104 and 18 U S C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Richard A. Gephardt

DATE (Month/Day/Year) May 15, 1997

Name Richard A. Gephardt

Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Northern Virginia Medical Association	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard A. Gephardt

Page 3 **of** 7

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.						BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	1/2 interest Lot 26 Corolla	X														X									X				S
	Light, Corolla, NC																												
	Final distribution from estate of																												
	Clare Mealer												Estate distribution								X								
JT	Fidelity Funds: Growth			X									X		X	X					X								P
	& Income/New Millenium																												

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Richard A. Gephardt

Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
JT	1/2 interest Lot 26 Corolla Light, Corolla, NC		X		4/1/96					X					
JT	Fidelity Funds: Growth & Income/ New Millenium	X			Various		X								

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Name Richard A. Gephardt

Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	GE Capital Mortgage paid in full (on sale of interest 4/1/96)	Mortgage on Corolla Light property					X					
JT	Northwestern University	Student Loan		X								
JT	First Tennessee Bank	Student Loan		X								
JT	General American Life Ins. Co.	Loan on Life Insurance Policy		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name	Page
Richard A. Gephardt	6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
AFSCME	1/27/96	DC-Chicago-St. Louis	N	N	N	N
Social Venture Network	4/26/96	DC-New Paltz, NY-DC	N	N	N	N
AFSCME	6/20/96	DC-Chicago-DC	N	N	N	N
United Assn. of Plumbers & Pipefitters	8/4-5/96	DC-Las Vegas	N	N	N	N
Machinists Union	9/24/96	St. Louis-Chicago-NYC	N	N	N	N
SEIU	12/10/96	DC-Miami-Boston	N	N	N	N
Quad Cities AFL-CIO	12/12-13/96	Boston-Moline, IA-Chicago	Y	N	N	N

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Name Richard A. Gephardt	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Institute Board	Public Policy School, Duke University (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
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⑧

James Arthur Gibbons
(Full Name)

Post Office Box 11622
(Mailing Address)

(702) 851-4266
Daytime Telephone

Reno, Nevada 89510

MC MAY - 5 1997
(Office Use Only)

Filer Status: ☒ Member of the U.S. House of Representatives State: Nevada District: 2 ☐ Officer or Employee Employing Office ______

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date ______

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL James A. Gibbons

DATE (Month/Day/Year) May 2, 1997

Name James A. Gibbons

Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Delta Air Lines, Inc.	Accrued vacation and 2 weeks salary	$13,611
	Dewnig Syndicate, Inc.	Spouse salary	N/A
	Airport Authority of Washoe County	Spouse - Board of Trustees	N/A
	Reno Sparks Convention/Visitor Authority	Spouse - Board of Trustees	N/A
	Childrens Cabinet Board	Spouse - Board of Trustees	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name James A. Gibbons

Page 3 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp Stock				X								X							X									
	123 Main St., Dover, Del							X						X											X				P
	1st Bank of Paducah, KY accounts					X									X							X							
JT	U.S. Bank of Nevada			X											X						X								
	Delta Employee Credit Union	X													X				X										
	IRA - U.S. Bank of Nevada		X																N/A										
SP	IRA - U.S. Bank of Nevada			X															N/A										
	Delta Family Care Savings Plan			X															N/A (not self-directed)										
	3 vacant lots, Washoe County, Nevada					X													X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Gibbons

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	Dean Witter		X												X				X										
	U.S. Bank of Nevada		X												X					X									
DC	U.S. Bank of Nevada		X												X				X										
DC	Dean Witter - priced investments			X									X			X						X							
DC	Dean Witter - custodial holdings			X											X						X								
	John Hancock (Term life policy benefiting non-dependent children. This is a non-reportable asset to be removed from subsequent disclosure statements.)	X											X						X										
	Loan to campaign committee (repaid in full November 1996)	X													X				X										
DC	State Farm - Universal Life policies (Policies in irrevocable trust to benefit dependent child.)			X															X										

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SCHEDULE III – ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name James A. Gibbons

Page 4A of 1

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Delta Pension Benefits				X														N/A – not self directed										

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SCHEDULE IV — TRANSACTIONS

Name James A. Gibbons

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
JT	Purchase of tax deferred annuity with Dean Witter, monthly purchases of $1,000 for January and February 1996. $500 monthly purchases for the balance of 1996.	X			Monthly 1996	X									

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Name James A. Gibbons

Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Institute of Politics (Orientation at Harvard for new congressmen.)	Dec. 11-14	Wash., D.C. - Cambridge, Mass. - Wash., D.C.	Y	Y	Y	N

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Name James A. Gibbons

Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	National Conference Advisory Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
1-1-97	Delta Pension Benefits	Monthly withdrawals of $504.

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U.S. [illegible] REPRESENTATIVES

MC INSIDE MAIL
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Wayne T. Gilchrest
(Full Name)

13501 Turners Creek Road, Kennedyville, Md., 21645 (Mailing Address)
410-348-2018 (Daytime Telephone)

Filer Status ☒ Member of the U S House of Representatives State Maryland District First ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4 §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Wayne T. Gilchrest

DATE (Month/Day/Year) 5/13/97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Wayne T. Gilchrest

Page 2 of 3

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	**Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."											**Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.						**Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										**Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
SP, DC, JT		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 - $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP	*Examples* Mega Corp Stock				X								X							X									P
	123 Main St , Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Peoples Bank of Kent County		X												X					X									
	Peoples Bank of Kent County		X												X				X										

For additional assets and unearned income, use next page.

Name Wayne T. Gilchrest **Page** 3 **of** 3

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	K A R E (Klamath Alliance for Resource Environment)	June 21-23	Wash., D. C. - Medford Oregon- Wash., D. C.	Y	Y	Y	N

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U S HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Paul E. Gillmor (Full Name)
7750 N. Co. Rd. 51, Box 123 (Mailing Address)
Old Fort, Ohio 44861
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives State Ohio District 5	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Paul E Gillmor

DATE (Month/Day/Year) May 14, 1997

Name Paul E. Gillmor | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Ohio Senate	Spouse salary	N/A
	Public Employees Retirement System of Ohio	Pension	$37,666

For payments to charity in lieu of honoraria, use Schedule II.

Name Paul E. Gillmor

Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

SP, DC, JT	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.						BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	Cooker Restaurants				X								X							X									S
	Matlack, Inc.			X																									S
	Progressive Corp.			X									X						X										
	Rollins Truck Leasing						X						X									X							S
	Max & Erma's Restaurants			X																									
	Rollins Environmental Services			X																									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul E. Gillmor

Page 4 **of** 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001- $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Industrial Bancorp		X										X						X										
	Price New Horizon Fund			X									X									X							P
	Dealers Alliance - debenture				X										X								X						
	Dealers Alliance - stock					X							X								X								S
	Gillmor Financial Services								X				X										X						
	Paul M. Gillmor Co.						X						X									X							
	Thermocolor		X																										
	Bayshore Leasing		X																										
	Gillmor Family Partnership			X									X						X										
	Solar Cells		X																										
	Old Fort Bank - savings		X												X					X									
	Old Fort Bank - IRA			X											X						X								
	Congressional Fed. Credit Union		X												X				X										
	Chas. Schwab & Co. - fund			X											X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul E. Gillmor

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Part interest: 148 Wilbur Columbus, Ohio			X										X							X								
	Part interest: 225 W. Third St Columbus, Ohio			X										X								X							
	Thermocolor - promissory note		X																										
SP	Old Fort Bank - IRA			X											X						X								
SP	Dealers Alliance - debenture		X												X					X									
SP	American General Corp		X										X							X									
SP	Northwest Natural Gas		X										X							X									
SP	Southwest Natural Gas		X										X						X										
SP	Price Prime Reserve Fund		X												X					X									
SP	Ohio Public Employees Compensation Program			X											X						X								
SP	Star Bank - Savings		X												X					X									

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SCHEDULE IV — TRANSACTIONS

Name Paul E. Gillmor

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	x			10–12–96		x								
	Price New Horizon	X			12-27-96	X									
	Cooker Restaurants		X		3-16-96	X									
	America West		X		3-14-96		X								
	Rollins Environmental		X		11-14-96	X									
	Rollins Environmental		X		11-26-96	X									
	Rollins Truck Leasing		X		12-03-96	X									
	Progressive Corp.		X		12-05-96	X									
	Dealers Alliance		X		12-13-96			X							

This page may be copied if more space is required.

Name Paul E. Gillmor	Page 7 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.				x						
	Perpetual Federal Mortgage, Urbana, Ohio	Mortage: 225 W. Third Columbus, Ohio	X									
	Perpetual Federal Mortgage, Urbana, Ohio	Mortgage: 148 Wilbur Columbus, Ohio	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Paul E. Gillmor	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Dealers Alliance Corp
Director	Old Fort Banking Co.
Director	Gillmor Financial Services
Director	Paul M. Gillmor Co.
Director	Thermocolor Corp

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38 554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

2

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(Office Use Only)

MC

Paul E. Gillmor
(Full Name)

7750 N. Co. Rd. 51, Box 123
(Mailing Address)

Old Fort, Ohio 44861
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives	State Ohio District 5	☐ Officer or Employee	Employing Office
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

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SIGNATURE OF REPORTING INDIVIDUAL Paul E Gillmor

DATE (Month/Day/Year) June 5, 1997

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor

Page 2 **of** 2

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Cooker Restaurants				X								X							X									S
	Matlack, Inc.			X																									
	Progressive Corp.			X									X						X										S
	Rollins Truck Leasing						X						X									X							S
	Max & Erma's Restaurants			X																									
	Rollins Environmental Services			X																									

For additional assets and unearned income, use next page.

⑥

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996	Form A For use by Members, officers, and employees

Benjamin A. Gilman
(Full Name)

2449 Rayburn Bldg
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202 225 3776

Filer Status	☒ Member of the U.S. House of Representatives	State: NY District: 20	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☒ No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☒ No ☐

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Ben A. Gilman	**DATE** (Month/Day/Year) May 13, 1997

Name Benjamin A. Gilman | **Page** 2 **of** 6

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York State Pension	Retirement	11,664 00

For payments to charity in lieu of honoraria, use Schedule II.

Name Benjamin A. Gilman | Page 3 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP, DC, JT	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
Examples. SP	Mega Corp Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Warwick Savings Bank, Warwick, New York	$50,001 - $100,000	Interest	$1,001 - $2,500	
	M&T Bank, Middletown, New York	$1,001 - $15,000	Interest	None - $200	
	First Federal Savings Bank, Middletown, New York	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Congressional Federal Credit Union, Washington, D.C.	$100,001 - $250,000	Interest	$5,001 - $15,000	
	16 Orchard Street, Middletown, New York, COMMERCIAL/ HALF RESIDENTIAL	$15,001 - $50,000	Rent	$2,501 - $5,000	
	NorthWest Mutual Life, Milwaukee, Wi	$1,001 - $15,000	Dividends	$2,501 - $5,000	
	Congressional Federal Credit Union, Washington, D.C. IRA ACCOUNT	$15,001 - $50,000	Distribution	$201 - $1,000	
	Middletown Savings Bank. Goshen, New York	$15,001 - $50,000	Interest	$1,001 - $2,500	

Name Benjamin A. Giulman

Page 4 of 6

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.

For further information, see instructions, pages 22-24

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		$

Name Benjamin A. Gilman | **Page** 5 of 6

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce Mega Corporation	Mar.2 Aug 6-13	Wash., D.C.-Chicago-Wash., D C. Wash , D C -Los Angeles-Cleveland	N Y	N Y	N Y	N 4 Days
Miami Congressional Workshop, 1601 Biscayne Blvd, Miami, Fl	February 2nd-3rd	Washington D C. to Miami & Return	Y	Y	N	N/A
Respect For Law Alliance, Inc, 900 3rd Ave Suite 1200, New York, N Y.	November 7th-11th	New York to Bermuda & Return	Y	Y	N	N/A

Name Benjamin A Gilman | **Page** 6 of 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Member, Board of Directors	World Hunger Year

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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Newton L Gingrich
(Full Name)

H-232, The Capitol
(Mailing Address)
Washington DC 20515

Daytime Telephone
202-225-6398

Filer Status ☒ Member of the U S House of Representatives — State GA — District 06 ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL
Newt G

DATE (Month/Day/Year)
May 15, 1997

Name Newton L. Gingrich

Page 1 **of** 16

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cosmetic Sales/Beauty Control, Inc	Spouse Gross Receipts	n/a
	Writer's Representatives	Professional Writing	185,109.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Newton L Gingrich | **Page** 2 **of** 16

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

Source	Activity	Date	Amount
Examples Association of American Associations, Wash , D C	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13, 1994	$500
Warner Bros Television Productions/Murphy Brown Show	Actor	2/6/96	$ 1,078
Warner Bros Television Productions/Murphy Brown	Actor/Residuals	11/15/96	$ 104

Name Newton L Gingrich **Page** 3 of 16

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1 000 $1,001 - $2,500 $5,001 - $15,000	P
SP	Nationsbank (IRA)	$1,001 - $15,000	Interest	$201 - $1,000	
	Carrollton Federal Bank (IRA)	$1,001 - $15,000	Interest	$201 - $1,000	
	Nationsbank (IRA)	$15,001 - $50,000	Interest	$201 - $1,000	
SP	Advanced Aerodynamics Stock	None - $1,000	Capital Gains	$201 - $1,000	P / S
JT	SouthTrust Bank of Georgia	$50,001 - $100,000	Interest	$1,001 - $2,500	
SP	Premier Laser Stock	None - $1,000	Capital Gains	$2,501 - $5,000	P / S
SP	U S Treasury Note	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Morgan Stanley (MSIF) Municipal Money Market	$100,001 - $250,000	Dividends	$5,001 - $15,000	
SP	Merrill Lynch & Co Retirement Reserves (SEP)	$1,001 - $15,000	Dividends	None - $200	

Name Newton L. Gingrich | **Page** 4 of 16

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Merrill Lynch & Co Capital Fund CLB (SEP) (formerly listed as Ready Assets)	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	US Treasury Strips (SEP) (part of the ML Capital Fund formerly Ready Assets)	$1,001 - $15,000			
	Merrill Lynch & Co Retirement Reserves (SEP)	$15,001 - $50,000	Dividends	$1,001 - $2,500	
SP	National Vission Associates, Ltd	$1,001 - $15,000	NA	NA	
SP	SouthTrust Bank of Georgia	$1,001 - $15,000	Interest	None - $200	
SP	Laminating Technologies Stock	None - $1,000	Capital Gains	$5,001 - $15,000	P/S
SP	Prudential Money Market Asset Fund	$15,001 - $50,000	Dividends	$201 - $1,000	
JT	Wright Patman Congressional Federal Credit Union	$1,001 - $15,000	Interest	None - $200	
	Wright Patman Congressional Federal Credit Union	$1,001 - $15,000	Interest	None - $200	

Name Newton L Gingrich **Page** 5 **of** 16

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Advanced Aerodynamics and Structures Stock	Purchase	12-3-96	$1,001 - $15,000
SP	Advanced Aerodynamics and Structures Stock	Sold	12-26-96	$1,001 - $15,000
SP	Laminating Technologies Stock	Purchase	10-9-96	$1,001 - $15,000
SP	Laminating Technologies Stock	Sold	10-10-96	$1,001 - $15,000
SP	Premier Laser Systems Stock	Purchase	10-15-96	$1,001 - $15,000
SP	Premier Laser Systems Stock	Sold	11-6-96	$1,001 - $15,000

Name Newton L Gingrich | **Page** 6 of 16

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Cubin for Congress	1/10/96	Washington,DC - Casper,WY	N	Y	N	None
Washington GOP	1/10-11/96	Casper,WY - Seattle, WA	Y	Y	N	None
Radanovich for Congress	1/11/96	Seattle,WA - Fresno,CA	N	Y	N	None
Bill Thomas Campaign Committee	1/11/96	Fresno,CA - Bakersfield,CA	N	Y	N	None
Bill Baker for Congress	1/11-12/96	Bakersfield,CA - Walnut Creek,CA	Y	Y	N	None
Wally Herger for Congress	1/12/96	Walnut Creek,CA - Redding,CA	N	Y	N	None
Brian Bilbray for Congress	1/12/96	Redding,CA - Los Angeles,CA - San Diego,CA	N	Y	N	None
Committee to Re-Elect Duncan Hunter	1/12-13/96	San Diego,CA - El Centro,CA	Y	Y	N	None
Friends of Sonny Bono	1/13/96	El Centro,CA - Palm Springs,CA	N	Y	N	None
Friends of Ron Packard	1/13/96	Palm Springs,CA - Irvine,CA	N	Y	N	None
Ken Calvert for Congress Committee	1/13-14/96	Irvine,CA - Riverside,CA	Y	Y	N	None
NRCC	1/14-15/96	Riverside,CA - Los Angeles,CA - San Marcos,TX	Y	Y	N	Yes
ARMPAC	1/15/96	San Marcos,TX - Houston,TX	N	Y	N	None
NRCC	1/15/96	Houston,TX - Dallas,TX	N	Y	N	None
Dick Chrysler for Congress Committee	1/15-16/96	Dallas,TX - Lansing,MI	Y	Y	N	None
Detroit Economic Club	1/16/96	Lansing,MI - Detroit,MI	N	Y	N	Yes
NRCC	1/16/96	Detroit,MI - Chicago,IL - Washington,DC	N	Y	N	None
Friends of Sherwood Boehlert	1/17/96	Washington,DC - Utica,NY	N	Y	N	None

Name Newton L Gingrich

Page 7 **of** 16

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

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Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Burr for Congress	1/17-18/96	Utica,NY - Winston/Salem,NC	Y	Y	N	None
Walter Jones for Congress Committee	1/18/96	Winston/Salem,NC - Greensboro,NC	N	Y	N	None
Heineman for Congress Committee	1/18/96	Greensboro,NC - Raleigh/Durham NC	N	Y	N	None
Funderburk for Congress	1/18/96	Raleigh/Durham,NC - Pinehurst,NC	N	Y	N	None
Van Hilleary for Congress	1/18-19/96	Pinehurst,NC - Crossville,TN - Sparta,TN	Y	Y	N	None
Ed Bryant for Congress	1/19/96	Sparta,TN - Memphis,TN	N	Y	N	None
NRCC	1/19/96	Memphis,TN - Marietta,GA	N	N	N	None
NRCC	2/6-7/96	Marietta,GA - Burbank,CA	Y	Y	N	Yes
Republican Party of Minnesota	2/7/96	Burbank,CA - Minneapolis MN	N	Y	N	None
NRCC	2/7/96	Minneapolis,MN - Washington,DC	N	N	N	None
NRCC	2/8-11/96	Washington,DC - Tampa FL - Atlanta GA	Y	Y	Y	None
Pryce for Congress and Citizens for Kasich	2/18-19-96	Marietta,GA - Columbus,OH	Y	Y	N	None
Walsh for Congress Committee	2/19/96	Columbus,OH - Syracuse NY	N	Y	N	None
NRCC	2/19/96	Syracuse,NY - Philadelphia,PA - Washington,DC	N	Y	N	None
Goodlatte for Congress	3/1-2/96	Washington,DC - Roanoke,VA	Y	Y	N	None
Washington and Lee University	3/2/96	Roanoke,VA - Lexington,VA - Roanoke VA (via car)	N	Y	N	None
NRCC	3/2/96	Roanoke,VA - Marietta,GA	N	N	N	None
Sue Kelly for Congress	3/4/96	Marietta,GA - Newburg NY	N	Y	N	None

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SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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Source		Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Martini for Congress		3/4/96	Newburg,NY - Newark,NJ (via car)	N	Y	N	None
Friends of Ray LaHood		3/4/96	Newark,NJ - Peoria,IL	N	Y	N	None
NRCC		3/4/96	Peoria,IL - Washington,DC	N	N	N	None
Friends of Newt Gingrich		3/8/96	Washington,DC - Marietta,GA	N	N	N	None
American Baker's Association and Friends of Newt Gingrich		3/24/96	Marietta,GA - Orlando,FL	N	Y	N	None
Friends of Mark Foley for Congress		3/24/96	Orlando,FL - West Palm Beach,FL	N	Y	N	None
RNC		3/24-25/96	West Palm Beach,FL - Palm Beach,FL - West Palm Beach,FL (via car)	Y	Y	N	None
Friends of Dave Weldon for Congress		3/25/96	West Palm Beach,FL - Melbourne,FL	N	Y	N	None
Terry Everett for Congress		3/25/96	Melbourne,FL - Montgomery,AL	N	Y	N	None
NRCC		3/25/96	Montgomery,AL - Washington,DC	N	N	N	None
Friends of Newt Gingrich		3/29/96	Washington,DC - Marietta,GA	N	N	N	None
Joel Hefley for Congress		4/10/96	Marietta,GA - Colorado Springs,CO	N	Y	N	None
Watts for Congress '96		4/10/96	Colorado Springs,CO - Norman,OK	N	Y	N	None
NRCC		4/10-11/96	Norman,OK - Nashville,TN	Y	Y	N	None
Committee to Re-elect Mike Flanigan		4/11/96	Nashville,TN - Chicago,IL	N	Y	N	None
Manzullo for Congress Committee		4/11/96	Chicago,IL - Rockford,IL	N	Y	N	None
Gutknecht for U S Congress Committee		4/11/96	Rockford,IL - Rochester,MN	N	Y	N	None
NRCC		4/11-12/96	Rochester,MN - St Louis,MO	N	Y	N	None

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SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	People for English Committee	4/12/96	St Louis,MO - Pittsburgh,PA	Y	Y	N	None
	Ron Lewis for Congress '96	4/12/96	Pittsburgh,PA - Louisville,KY	N	Y	N	None
	NRCC	4/12/96	Louisville,KY - Marietta,GA	N	N	N	None
	GOPAC	4/20/96	Marietta,GA - Washington,DC	N	Y	N	None
	Friends of Newt Gingrich	4/20/96	Washington,DC - Marietta,GA	N	N	N	None
	Council on Foreign Relations	4/23/96	Washington,DC - New York,NY - Washington,DC	N	Y	Y	None
	NRCC	4/26/96	Washington,DC - Pheonix,AZ - San Diego,CA - Burbank,CA	N	Y	N	None
	CA PAC 2000	4/26/97	Burbank,CA - Palmdale,CA - Burbank,CA	N	Y	N	None
	Royce Campaign Committee	4/26-27/96	Burbank,CA - Anaheim,CA (via car)	Y	Y	N	None
	Fairbanks Republican Women's Club	4/27-28/96	Anaheim,CA - SanDiego,CA	Y	Y	N	Yes
	Frank Riggs for Congress	4/28/96	San Diego,CA - Napa,CA	N	Y	N	None
	Richard Pombo for Congress	4/28/96	Napa,CA - Stockton,CA	N	Y	N	None
	Ensign for Congress	4/28-29/96	Stockton,CA - Las Vegas,NV	Y	Y	N	None
	RNC	4/29/96	Las Vegas,NV - Palm Springs,CA	N	Y	N	None
	Friends of Sam Johnson	4/29/96	Palm Springs,CA - Dallas,TX	N	Y	N	None
	NRCC	4/29/96	Dallas,TX - Washington,DC	N	N	N	None
	Friends of Newt Gingrich	5/9-10/96	Washington,DC - Augusta,GA - Marietta,GA	Y	Y	Y	None
	Friends of Cliff Sterns	5/16-17/96	Washington,DC - Ocala,FL	Y	Y	N	None

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SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Fowler for Congress	5/17/96	Ocala,FL - Jacksonville,FL	N	Y	N	None
	NRCC	5/17/96	Jacksonville,FL - Miami,FL	N	Y	N	None
	RNC	5/17/96	Miami,FL - Boca Raton,FL	N	Y	N	None
	Mississippi Republican Party	5/17-18/96	Boca Raton,FL - Jackson,MS	Y	Y	N	None
	Friends of Steve Stockman	5/18/96	Jackson,MS - Houston,TX	N	Y	N	None
	Susan Brooks for Congress	5/18/96	Houston,TX - Los Angeles,CA	N	Y	N	None
	Sybert for Congress	5/18-19/96	Los Angeles,CA - Beverly Hills,CA (via car)	Y	Y	N	Yes
	Friends of Jim Bunn	5/19/96	Burbank,CA - Portland,OR	N	Y	N	None
	Randy Tate for Congress Committee	5/19/96	Portland,OR - Seattle,WA	N	Y	N	None
	Metcalf '96	5/19-20/96	Seattle,WA - Everett,WA	Y	Y	N	None
	RNC	5/20/96	Everett,WA - San Francisco CA	N	Y	N	None
	NRCC	5/20/96	San Francisco,CA - Washington,DC	N	N	N	None
	Greater Detroit Chamber of Commerce	5/31-6/1/96	Washington,DC - Pellston,MI	Y	Y	N	None
	Dick Chrysler for Congress Committee	6/1/96	Pellston,MI - Lansing,MI	N	Y	N	None
	Friends of Newt Gingrich	6/1/96	Lansing,MI - Marietta,GA	N	N	N	None
	NRCC	6/4/96	Washington,DC - New York,NY - Washington,DC	N	Y	N	None
	NRCC	6/18/96	Washington,DC - Boston,MA	N	Y	N	None
	Friends of Newt Gingrich	6/18-19/96	Boston,MA - New York,NY - Washington,DC	Y	Y	N	None
	Volunteers for Shimkus	6/28/96	Washington,DC - St Louis,MO	N	Y	N	None

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SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Kevin Cramer for Congress	6/28-29/96	St Louis,MO - Fargo,ND	Y	Y	N	None
Joe Rogers for Congress	6/29/96	Fargo,ND - Denver,CO	N	Y	N	Yes
Committee to Re-elect J D Hayworth	6/29-30/96	Denver,CO - Flagstaff,AZ	Y	Y	N	Yes
Pete Sessions for Congress Committee	6/30/96	Flagstaff,AZ - Dallas,TX	N	Y	N	None
NRCC	6/30-7/1/96	Dallas,TX - New Orleans,LA	Y	Y	N	None
Steve Gill for Congress	7/1/96	New Orleans,LA - Nashville,TN	N	Y	N	None
Funderburke for Congress	7/1/96	Nashville,TN - Durham,NC	N	Y	N	None
Mac Collins for Congress	7/1/96	Durham,NC - Columbus,GA	N	Y	N	None
NRCC	7/1/96	Columbus,GA - Marietta GA	N	N	N	None
Michigan Republican State Committee	7/9/96	Washington DC - Detroit,MI - Washington,DC	N	Y	N	None
NRCC	7/16/96	Washington,DC - New York,NY - Washington,DC	N	Y	N	None
Bill Caster for Congress	7/20/96	Marietta,GA - Wilmington,NC	N	Y	N	None
Blackwood for Congress	7/20/96	Wilmington,NC - Charlotte,NC	N	Y	N	None
George Landrith for Congress	7/20/96	Charlotte,NC - Lynchburg,VA	N	Y	N	None
People for English Committee	7/20-21/96	Lynchburg,VA - Harrisburg,PA	Y	Y	N	Yes
Jean Leisong for Congress	7/21/96	Harrisburg,PA - Louisville,KY	N	Y	N	None
Blankenbaker for Congress	7/21/96	Louisville,KY - Indianapolis,IN	N	Y	N	None
Callahan for Congress Committee	7/21/96	Indianapolis,IN - Mobile,AL	N	Y	N	None

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SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D.C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Alabama Republican Executive Committee	7/21-22/96	Mobile,AL - Birmingham,AL - Montgomery,AL	Y	Y	N	None
	Charlie Norwood for Congress Committee	7/22/96	Montgomery,AL - Augusta,GA	N	Y	N	None
	NRCC	7/22/96	Augusta,GA - Washington,DC	N	N	N	None
	National Republican Convention Committee	8/4-7/96	Marietta,GA - Islip,NY - SanDiego,CA	Y	Y	N	Yes
	Linda Wilde for Congress	8/7/96	San Diego,CA - Ontario,CA	N	Y	N	None
	Jim Rogan for Congress	8/7/96	Ontario,CA - Glendale,CA	N	Y	N	None
	Merrill Lynch	8/7/96	Glendale,CA - Los Angeles,CA	N	Y	N	None
	Whitfield for Congress Committee	8/7-8/96	Los Angeles (via car)	Y	Y	N	None
	RNC	8/8/96	Los Angeles (via car)	N	Y	N	None
	NRCC	8/8-9/96	Los Angeles,CA - San Diego,CA	Y	Y	N	Yes
	LeFever for Congress	8/9/96	San Diego,CA - Sacramento,CA	N	Y	N	None
	NRCC	8/9-10/96	Sacramento,CA - Los Angeles,CA - San Diego,CA - San Luis Obispo,CA	Y	Y	N	None
	National Republican Convention Committee	8/10-16/96	San Luis Obispo,CA - San Diego,CA (via train)	N	Y	N	None
	California Republican Party	8/16-17/96	San Diego,CA - Bakersfield,CA - Fresno,CA - Stockton,CA - Chico,CA	Y	Y	Y	None
	National Republican Convention Committee	8/17/96	Chico,CA - Marietta,GA	N	Y	Y	None
	Chenoweth for Congress	8/21-22/96	Marietta,GA - Boise,ID	Y	Y	N	None
	Rick White for Congress	8/22/96	Boise,ID - Seattle,WA	N	Y	N	None

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Examples	Chicago Chamber of Commerce	Mar 2	Wash., D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Friends of Andrea Seastrand for Congress	8/22/96	Seattle,WA - Santa Barbara,CA	N	Y	N	None
	California Republican Party	8/22-23/96	Santa Barbara,CA - Los Angeles,CA	Y	Y	N	None
	Heineman for Congress Committee	8/23/96	Los Angeles,CA - Raleigh,NC	N	Y	N	None
	NRCC	8/23/96	Raleigh,NC - Marietta,GA	N	N	N	None
				N	N	N	
	Friends of Franks	9/9/96	Marietta,GA - Waterbury,CT	N	Y	N	None
	NRCC	9/9/96	Waterbury,CT - Washington,DC	N	N	N	None
	Friends of Newt Gingrich	9/16/96	Marietta,GA - Tampa,FL	N	Y	N	None
	Mark Sharp for Congress	9/16-17/96	Tampa,FL (via car)	Y	Y	N	None
	RNC	9/17/96	Tampa,FL - Naples,FL	N	Y	N	None
	NRCC	9/17/96	Naples,FL - Washington,DC	N	N	N	None
	Republican State Committee of Pennsylvania	9/20/96	Washington,DC - Harrisburg,PA - Marietta,GA	N	Y	N	None
	Bob Reiley for Congress	9/23/96	Marietta,GA - Montgomery,AL	N	Y	N	None
	Robert Aderholt for Congress	9/23/96	Montgomery,AL - Tuscaloosa,AL	N	Y	N	None
	Parker for Congress	9/23/96	Tuscaloosa,AL - Huntsville,AL	N	Y	N	None
	NRCC	9/23/996	Huntsville,AL - Marietta,GA	N	N	N	None
	Bob Barr for Congress	9/24/96	Marietta,GA - Catersville,GA	N	Y	N	None
	Fletcher for Congress	9/24/96	Catersville,GA - Lexington,KY	N	Y	N	None
	Funderburke for Congress	9/24/96	Lexington,KY - Rocky Mount,NC	N	Y	N	None

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Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
NRCC	9/24/96	Rocky Mount,NC - Washington,DC	N	N	N	None
NRCC	9/28-30/96	Washington,DC - Newport News,VA - Washington,DC	N	N	N	Yes
Nick Smith for Congress	9/5/96	Washington,DC - Battle Creek,MI - Washington,DC	N	Y	N	None
AMWAY	9/7/96	Peachtree City,GA - Indianapolis,IN - Peachtree City,GA	N	Y	N	None
NRCC	9/30/96	Washington,DC - Teterboro,NJ - Washington,DC	N	Y	N	None
NRCC	10/2-4/96	Washington,DC - New York,NY	Y	Y	N	None
Heineman for Congress Committee	10/4/96	New York,NY - Greensboro,NC	N	Y	N	None
Heintz for Cognress	10/4/96	Greensboro,NC - Detroit,MI	N	Y	N	None
GOPAC	10/4/96	Detroit,MI - Chicago,IL	N	Y	N	None
Mike McCormick for Congress	10/4-5/96	Chicago,IL - Pittsburgh,PA	Y	Y	N	None
NRCC	10/5/96	Pittsburgh,PA - Harrisburg,PA	N	N	N	None
Monday Morning PAC	10/9-10/96	Marietta,GA - New York,NY	Y	Y	N	None
Missouri Republican State Committee - Victory '96	10/10/96	New York,NY - Springfield,MO	N	Y	N	None
Friends of Roy Blunt	10/10/96	Springfield,MO (via car)	N	Y	N	Yes
Hulshof for Congress	10/10/96	Springfield,MO - St Louis,MO	N	Y	N	None
RNC	10/10/96	St Louis,MO - Kansas City,MO	N	Y	N	None
Snowbarger for Congress	10/10-11/96	Kansas City,MO - Olathe,KS	Y	Y	N	None

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Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Bill Phelps for Congress	10/11/96	Olathe,KS - Jefferson City,MO	N	Y	N	None
	NRCC	10/11/96	Jefferson City,MO - Shreveport,LA	N	Y	N	None
	Cooksey for Congress	10/11/96	Shreveport,LA - Monroe,LA	N	Y	N	None
	NRCC	10/11/96	Monroe,LA - Marietta,GA	N	N	N	None
	Darrell Ealum Campaign Committee	10/12/96	Marietta,GA - Albany,GA	N	Y	N	None
	NRCC	10/12/96	Albany,GA - Marietta,GA	N	N	N	None
	Friends of Newt Gingrich	10/14/96	Washington,DC - Denver,CO	N	Y	N	None
	Cook for Congress	10/14-15/96	Denver,CO - Salt Lake City,UT	Y	Y	N	None
	Izzard for Congress	10/15/96	Salt Lake City,UT - Midland,TX	N	Y	N	None
	Brian Babin for Congress	10/15/96	Midland,TX - Houston,TX	N	Y	N	None
	RNC	10/15-16/96	Houston,TX - Dalllas,TX - Oaklahoma City,OK - Charlotte,NC - Columbia,SC	Y	Y	N	None
	NRCC	10/16/96	Columbia,SC - Marietta,GA - Washington,DC	N	N	N	None
	NRCC	10/19/96	Marietta,GA - Williamsport,PA - Marietta,GA	N	Y	N	None
	NRCC	10/20/96	Marietta,GA - Los Angeles,CA	N	Y	N	None
	California Republican Party	10/20-21/96	Los Angeles,CA - Redding,CA - Sacramento,CA - San Francisco,CA	Y	Y	N	None
	DeSana for Congress Committee	10/21-22/96	San Francisco,CA - Detroit,MI	Y	Y	N	None
	Pat Nowak for Congress	10/22/96	Detroit,MI - Pontiac, MI	N	Y	N	None
	Heintz for Congress	10/22/96	Pontiac,MI (via car)	N	Y	N	None

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Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C.-Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Joyce George for Congress Committee	10/22-23/96	Pontiac,MI - Akron,OH	Y	Y	N	None
	Republican Party of Wisconsin	10/23-24/96	Akron,OH - Milwaukee,WI	Y	Y	N	None
	Bill Caster for Congress Committee	10/24/96	Milwaukee,WI - Fayettville,NC	N	Y	N	None
	Danny Covington for Congress	10/24/96	Fayettville,NC - Jackson,MS	N	Y	N	None
	NRCC	10/24/96	Jackson,MS - Marietta,GA	N	N	N	None
	Bob Walker for Congress Committee	11/13/96	Washington,DC - Lancaster,PA - Washington,DC	N	Y	N	None
	Republican Governor's Association	11/24-25/96	Washington,DC - Grand Rapids,MI - Washington,DC	N	Y	N	None
	Sean Hannity Show	12/15-16/96	Atlanta,GA - New York,NY - Washington,DC	Y	Y	Y	Yes
	Friends of Susan Molinari	12/15/96	New York,NY (via car)	Y	Y	Y	None
	Friends of Newt Gingrich	12/17/96	New York,NY (via car)	Y	Y	Y	None
	Monday Morning PAC		New York,NY (via car)	N	N	Y	None
	Public Broadcast Service	9/28/96	Williamsburg,VA	Y	Y	N	None

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 APR 30 PM 5:22

HAND DELIVERED

MC ②

(Office Use Only)

HENRY B. GONZALEZ & BERTHA G. GONZALEZ
(Full Name)

2413 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

202 225-3236
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives	State Texas District 20th	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Henry B. Gonzalez

DATE (Month/Day/Year) 4/30/97

Name

Page of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	B: A None – $1,000	B: B $1,001 – $15,000	B: C $15,001 – $50,000	B: D $50,001 – $100,000	B: E $100,001 – $250,000	B: F $250,001 – $500,000	B: G $500,001 – $1,000,000	B: H $1,000,001 – $5,000,000	B: I $5,000,001 – $25,000,000	B: J $25,000,001 – $50,000,000	B: K Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	D: I None – $200	D: II $201 – $1,000	D: III $1,001 – $2,500	D: IV $2,501 – $5,000	D: V $5,001 – $15,000	D: VI $15,001 – $50,000	D: VII $50,001 – $100,000	D: VIII $100,001 – $1,000,000	D: IX $1,000,001 – $5,000,000	D: X Over $5,000,000	E: P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
	123 Main St, Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SP	Jefferson State Bank		X																										
	San Antonio, TX 78201																												
JT	CaminoReal Bank N.A.			X																									
	San Antonio, TX 78220																												
	Wright Patman Credit Union					X																							

For additional assets and unearned income, use next page.

⑦

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 1:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

Virgil H. Goode, Jr.
(Full Name)

124 Orchard Avenue
Rocky Mount, VA 24151
(Mailing Address)

Daytime Telephone 540-483-5558

Filer Status	☒ Member of the U.S. House of Representatives — State VA, District 5th	☐ Officer or Employee — Employing Office	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
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IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Virgil H Goode Jr.

DATE (Month Day Year) 5/12/97

Name Virgil H. Goode, Jr.

Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State Senate, Commonwealth of VA, Richmond, VA	Salary	24,100.00
	Attorney, Rocky Mount, VA	Income	8,800.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Virgil H. Goode

Page 1 of 4

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in “unearned” income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be “None.”

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in “NA” for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT		BLOCK A	BLOCK B A	B	C	D	E	F	G	H	I	J	K	BLOCK C						BLOCK D I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E
			None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500 000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP	Examples	Mega Corp Stock				X								X							X									P
		123 Main St , Dover, Del							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		2 acres with old office Rt. 2, Rocky Mount, VA 24151		x										NONE																
		1/8 interest in house and lot Rt. 1, Henry, VA 24102		x										NONE																
		1/2 interest in 50 acres Rt. 3, Ferrum, VA 24088			x									NONE																
		lot and office 112 N. Main St. Rocky Mount, VA				x								NONE																
		1/2 interest in 3 lots at Kohler Rt. 1, Fieldale, VA 24089		x										NONE																
		1/2 interest in 28 acres near Henry, Rt. 1, Henry, VA 24102		x										NONE																

For additional assets and unearned income, use next page.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.

Page 2 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	1/2 interest in 160 acresopen rough land, Rt. 2, Rocky Mount, VA 24151			X										NONE															
	Combined checking saving Crestar Bank, Rocky Mount, VA		X												X				X										
	Vanguard Municipal Bond Fund			X											X					X									
SP	Philip Morris Stock		X										X							X									
JT	Loudoun County Mun. Bond		X												X					X									
SP	Halifax County IDA Bond		X												X					X									
	Crestar Stock			X									X								X								
	Signet Stock			X									X								X								
	Capital One Stock			X									X								X								
	Peoples Bank Stock		X										X							X									
	Patrick Henry Bank Stock		X										X						X										
	Central National Bank Stock	X												NONE															split from Existing Bank
	Shenandoah National Bank Stock	X												NONE															split from Existing Bank
	Mountain National Bank Stock		X										X						X										split from Existing Bank
	Patriot Bank Stock		X										X						X										split from existing BANK

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Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.

Page 3 of 4

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Tultex Stock		X											NONE															
	Comdial Stock		X											NONE															
	First Union Stock			X									X								X								
SP	Vanguard Municipal Bond Fund		X												X				X										
	Chase Manhatten Common Stock		X										X							X									
	Chase Manhatten Preferred Stock		X										X							X									
	B. Perdue Notes, Roanoke, VA			X											X								X						
	B & C Jackson Notes, Glade Hill VA		X												X						X								
	Dominion Note (now First Union)		X												X					X									
	Beneficial Preferred		X										X							X									
	Henry County Plywood Stock		X										X						X										
	ATT Stock	X											X						X										
	Lucent Technologies Stock	X											X						X										Split from ATT
	Homestake Stock		X										X						X										
	SBC Communications Stock		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.

Page 4 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Newport News Mun. Bond		X												X					X									
	Mod-u-Kraf Homes Stock		X										X						X										
	Mainstreet Bank Stock		X										X							X									
	Franklin County Mun. Bond		X												X					X									
	Signet Banking Bond		X												X					X									
	Wheat First IRA		X										X		X				X										
	Roanoke IDA Bond		X												X				X										S – called
SP	Crestar IRA		X												X				X										

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SCHEDULE IV — TRANSACTIONS

Name Virgil H. Goode, Jr.

Page 1 **of** 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	Roanoke IDA (called)		X		12-6-96	X									
	B. & C. Jackson Note (paid off)		X		Dec, 1996	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

70

Robert W. Goodlatte
(Full Name)

3725 Dogwood Lane, SW
Roanoke, Virginia 24015
(Mailing Address)

202/225-5431
(Daytime Telephone)

MC HAND DELIVERED
(Office Use Only)

Filer Status ☒ Member of the U.S. House of Representatives State VA District 6 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Robert W. Goodlatte

DATE (Month/Day/Year) May 13, 1997

Name Goodlatte, Robert W.

Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Glenn, Feldman, Darby & Goodlatte, P.C., Roanoke, Virginia	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Goodlatte, Robert W. **Page** 3 **of** 10

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
Examples:	123 Main St., Dover, Del							X						X											X				
Examples:	1st Bank of Paducah, KY accounts					X									X							X							
JT	Central Fidelity Bank Roanoke, VA (savings & check)			X											X						X								
JT	1st Union Nat'l Bank Roanoke, VA (checking)			X											X					X									
JT	Nationsbank, Roanoke, VA (savings)		X												X				X										
	Central Fidelity Bank Roanoke, VA (savings)			X											X						X								
	Crestar Bank, Roanoke, VA (IRA)		X												X					X									
SP	Crestar Bank, Roanoke, VA (IRA)		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W.

Page 4 of 10

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Greenwood Trust Co., Delaware (savings account)		X												X				X										
	Charter Federal Savings Bank Roanoke, VA (IRA)		X												X				X										
	Connecticut Mutual Life Insur. (life insurance CSV)		X										X						X										
SP	CATS - Ser D Coupon (401K)		X												X				X										
SP	Delaware Group Delcap Fund (401K)		X										X						X										
SP	Duff & Phelps Utilities Income (401K)			X									X								X								
SP	Guardian Park Avenue Fund (401K)			X									X							X									
SP	Hanson PLC - Sponsored ADR (401K)		X										X							X									S
SP	Houston Industry Warrants (401K)		X										X							X									
SP	Kroger Co. Bonds (401K)		X												X					X									
SP	Ray Ellison Accept. Corp. NGMA (401K)		X												X					X									
SP	Walmart Stores, Inc. Note (401K)		X												X					X									
SP	Bond Fund of America (401K)			X									X								X								
SP	New Perspective Fund, Inc. (401K)			X									X						X										
SP	New York Venture Fund (401K)			X									X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W.

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 - $15,000	VI $15,001 – $50,000	VII $50,001 - $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Janus Fund (IRA)			X									X						X										
SP	McDonald's Corp. Prof. Stock (IRA)		X										X							X									
SP	Old Kent Financial Corp. (IRA)		X										X						X										
SP	GNMA Gov't Security Fund (IRA)	X											X						X										
SP	Merrill Lynch Global Bond Fund (IRA)		X										X							X									
SP	Merrill Lynch Fund for Tomorrow (IRA)		X										X						X										
SP	Merrill Lynch Nat Resources Tr. (IRA)		X										X						X										
SP	Washington Mutual Invest. Fund (IRA)		X										X						X										
SP	Merrill Lynch Retirement Re. (IRA)		X												X					X									
SP	Nicholas Fund (IRA)		X										X						X										
JT	American Funds Tax Exempt Bonds VA			X									X								X								
	Lanns Manus Group Partnership Int (22 W. Church, Roanoke)			X										X					X										
SP	Glenn, Feldman, Darby & Goodlatte (stock)				X								X						X										
JT	Fund American Investors Corp Coll. Mtg. Obligation	X													X				X										
JT	Virginia Zero Coupon Bonds		X												X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W.

Page 6 of 10

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Ind Nat'l Mort Corp MTG Pass-Thru STF series 1994U		X												X						X								
JT	American Funds Tax Exempt VA			X											X						X								
	AG Edwards Daily Cash Funds (IRA)		X												X					X									
	Coll. Mort. Oblig. Trust RNMA (IRA)	X													X				X										
	Templeton Foreign Fund		X										X						X										
SP	J. C. Bradford Money Mkt (401K)		X												X					X									
JT	MFS Va. Municipal Bond Fund			X											X						X								P
DC	Central Fidelity Bank			X											X						X								
JT	T. Rowe Price Int. Stock Mutual Fund		X										X							X									
	Investment Co. of America (IRA)		X										X							X									
SP	Seligman Communications (401K)			X									X						X										
	Note from Bird, Kinder & Huffman			X											X							X							
SP	Sogen Int. Fund (401K)			X									X							X									
SP	Fed Nat Mtg Assoc CMO/series Bond (401K)		X												X						X								

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SCHEDULE IV — TRANSACTIONS

Name Goodlatte, Robert W.

Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-96		X								
SP	Hanson PLC-Imperial Tobacco Group PLC (401K)		X		10-18-96	X									
SP	Hanson PLC - Sponsored ADR Old		X		12-16-96	X									
JT	MFS Virginia Municipal Bond Fund CLA	X			12-18-96	X									

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SCHEDULE V — LIABILITIES

Name Goodlatte, Robert W.

Page 8 **of** 10

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
	Crestar Bank, Roanoke, VA	Mortgage on 22 W. Church Ave - partnership liab. of Lanns Manus Group shared w/other partners					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Goodlatte, Robert W.

Page 9 of 10

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Churchill Club	April 27- April 30	Roanoke, VA to San Francisco, CA to Washington, DC	N	Y	N	3 days

This page may be copied if more space is required.

Name Goodlatte, Robert W. Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Partner	Lanns Manus Group

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

⑦

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

William Franklin Goodling
(Full Name)

R.D. #3, Box 3026-A
(Mailing Address)

Seven Valleys, PA 17360

Daytime Telephone
(202) 225-5836

97 MAY 15 AM 10: 14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

Filer Status: ☒ Member of the U.S. House of Representatives State PA District 19th ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL William F. Goodling

DATE (Month/Day/Year) May 14, 1997

Name William F. Goodling

Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6 000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1 000
	Ontario County Board of Education	Spouse Salary	NA
	PA Public School Retirement	Teachers Pension	6,400
	York Suburban School District	Spouse's Salary	N/A
	Christmas Tree Hill, Inc	Spouse's Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II

Name William F. Goodling

Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

			A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
SP DC. JT			None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
	Examples	SP	Mega Corp Stock			X								X							X									P
			123 Main St., Dover, Del						X						X											X				
			1st Bank of Paducah, KY accounts				X									X							X							
JT	Thoroughbred Horses (See Page 7)				X									Fees and gross						proceeds				X						S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name William F. Goodling

Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
JT	Thoroughbred Horse		X			X									

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SCHEDULE V — LIABILITIES

Name William F. Goodling

Page 5 of 7

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
JT	Congressional Federal Credit Union	Notes	X									
JT	York Federal Savings & Loan	Notes	X									
JT	First Capitol Bank	Notes	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name William F. Goodling | Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	Feb 16-19	BaltMD-WestPalmBchFL-BaltMD	Y	Y	Y	N
	International Chain Salon Association	Mar 23-25	BaltMD-PalmSpringsCA-BaltMD	Y	Y	N	N
	Aspen Institute	Nov 12-17	HarrisburgPA-LisbonPort-HbgPA	Y	Y	Y	N
	Cobb County GA Chamber of Commerce	Dec 5	HbgPA-AtlantaGA-HbgPA	N	Y	N	N

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Goodling Thoroughbreds
1996

Interest	Type	Name of Horse	Transaction	Estimated Fair Market Value 12/31/95	12/31/96
1/3	Raised Filly	Elegant Lady		1,000	1,000
1/3	Raised Colt	Laddie Deer	Sold	1,000	-
1/3	Raised Colt	Unnamed '96		-	1,000
1/3	Share of Stud	Dover Ridge		500	500
1/3	Share of Stud	Allen's Prospect		3,000	3,000
Full	Broodmore	Winning Falcon		2,500	2,500
Full	Raised Colt	Governor Ridge		4,000	4,000
Full	Raised Filly	Unnamed '96		-	3,000
			Total:	**12,000**	**15,000**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 5:21 ④
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

Barton Jennings Gordon
(Full Name)

2201 Rayburn Building
Washington, DC 20515
(Mailing Address)

Residence:
940 East Northfield Blvd.
Murfreesboro, TN 37130

202-225-4231
Daytime Telephone

Filer Status: ☒ Member of the U S House of Representatives — State — District ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL
Bart J. Gordon

DATE (Month/Day/Year)
5/15/97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Barton Jennings Gordon

Page 2 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples																												
SP	Mega Corp Stock				X								X							X									P
	123 Main St, Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	304 A St., SE Washington, DC				X									X								X							
	(Rental Unit)																												
	Wright Patman Credit Union Account		X												X					X									
	Lindner Fund IRA			X									X							N/A									
	Schroder Wertheim & Co.					X							X										X						P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Barton Jennings Gordon

Page 3 of 4

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Schroder Wertheim & Co.	X			various			X							

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Name Barton Jennings Gordon

Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Teleservices Industry Assn.	April 3-4	Wash - Atlanta - Wash	Y	Y	N	N
	keynote speech at annual meeting						

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97 MAY -9 PM 2:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

PORTER J. GOSS (Full Name)

3869 GULF DRIVE (Mailing Address)
SANIBEL,FLORIDA 33957

202-225-2536 (Daytime Telephone)

Filer Status: ☒ Member of the U S House of Representatives State Florida District 14th ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A **$200 *penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** Yes ☐ No ☒

VII Did you your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11) Yes ☐ No ☒

EXEMPTION– Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 8th, 1997

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name PORTER J. GOSS

Page 2 of 10

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B											Block C						Block D										Block E
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
Examples DC	123 Main St, Dover, Del							X						X											X				
Examples JT	1st Bank of Paducah, KY accounts					X									X							X							
SP	Berkshire Life Insurance Co.	NA											Annuity							X									
SP	National Life of Vermont	NA											Annuity								X								
	Aetna Life Insurance			X											X					X									
SP	(Stock) Fishers Island Utility Co, NY			X									X							X									
JT	(NOW accounts) Community Bank of the Islands			X											X					X									
	(Continued on next page)																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PORTER J. GOSS

Page 3 of 10

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Fishers Island Park NY undeveloped real property							X											X										
JT	Fishers Island Development Co. (Stock)			X															X										
	South Florida Bank, FL (Trustee NOW account)		X												X				X										
SP	Barnett Banks, Inc. (Stock)					X							X										X						
JT	South Florida Bank, FL (Stock)		X																X										
JT	Fleet Bank, CT (NOW account)		X												X				X										
SP	Charles Oliver Trust (Partial Interest Beneficiary)					X							X										X						
	Schedule III continues on pages																												

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PART III - ASSETS AND "UNEARNED INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	AMP Inc	C	Dividend	II	
SP	A T & T Corp	D	Dividend	III	
SP	Abbott Laboratories	E	Dividend	III	
SP	Air Products & Chemicals	E	Dividend	IV	
SP	Airtouch Communication Inc	B	None	I	
SP	Allegheny Co Hosp Devel Auth PA (B)	C	Interest	III	
SP	Allentown Sch Dist PA DTD 4-1-86 (B)	None	Interest	III	S
	Same as Above		Cap Gains	I	
SP	Aluminum Company of America	D	Dividend	III	
SP	American Brands	C	Dividend	III	
SP	American Home Products	G	Dividend & Split	VI	
SP	American International Group Inc.	C	Dividend	I	
SP	Ameritech Corp	F	Dividend	V	
SP	Argonaut Group Inc	B	Dividend	I	
SP	Atlantic Richfield	E	Dividend	V	
SP	BHC Communications Inc	C	None	I	
	Bank of Boston Corp	B	Dividend	I	
SP	Bell Atlantic Corp	E	Dividend	V	
SP	Bellsouth Corp	D	Dividend	IV	
SP	Bethel Pa Mun Auth Sch Bldg Rev (B)	B	Interest	I	S
	Same as Above		Cap Gains	II	
SP	Boyertown Area Sch Dist PA (B)	C	Interest	III	
SP	Brinker International Inc	None	None	I	S
	Same as Above		Capital Gains	I	
SP	Bristol Myers Squibb Co	E	Dividend	IV	
SP	Broward Cnty Fla Hsg Fin Auth (B)	B	Interest	II	S
	Same as Above		Cap Gains	I	
SP	Broward Cnty Florida (B)	D	Interest	III	
SP	Bucks Cnty Pa Cmnty College Auth (B)	D	Interest	IV	
SP	Burlington Northern Santa Fe Corp	E	Dividend	IV	
SP	Burlington Resources Inc	E	Dividend	III	

PART III - PORTER J GOSS

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	CPC International Inc	E	Dividend	IV	
SP	CSX Corp	C	Dividend	III	
	Carnival Cruise Lines Inc	B	Dividend	I	
SP	Chevron Corp	D	Dividend	III	
SP	Cisco Systems Inc	E	None & Split	I	
SP	Clarion Pa Area School District (B)	D	Interest	III	P
SP	Clay Cnty Fla Gas Tax Rev Ref (B)	C	Interest	III	
SP	Cnty Wtr Swr Dist Collier Fla (B)	C	Interest	III	
SP	Coca Cola Co	G	Dividend & Split	V	S
	Same as Above		Cap Gains	VI	
SP	Compass Capital Funds	D	None	I	P
SP	Compass Capital Pa Muni NM (Bought/sold with 4 days)	G	Interest	I	P,S(Sold 1-2-97)
SP	Corestates Financial Corp Pa	D	Dividend	III	
SP	Corry Area Sch Dist Pa (B)	C	Interest	III	
SP	DF Pennsylvania Short Term Tax Exempt Fund	D	Dividend	IV	P
SP	DF Pennsylvania Tax Exempt Fund	D	Dividend	V	P
SP	D F Special Stock Fund	E	Dividend	III	S
	Same as Above		Cap Gains	V	
SP	D P L Inc	C	Dividend	III	
SP	Dade Cnty Fla Spl Oblig Miami (B)	None	Interest	IV	S
	Same as Above		Cap Gains	I	
SP	Dade Cnty Fla Wtr Swr Sys Rev (B)	C	Interest	III	
SP	Disney Walt Co	E	Dividend	III	
SP	Dow Chemical Co	E	Dividend	V	
SP	DuPont E I De Nemours & Co	E	Dividend	IV	
SP	Eastman Chem Co	B	Dividend	II	
SP	Eastman Kodak Co	D	Dividend	III	
SP	Easton Pa Rfdg Ser A Fgic (B)	D	Interest	IV	
SP	Echelon Intl Corp (Spin-off from Florida Progress Corp)	A	None	I	
SP	El Paso Natural Gas Co	C	Dividend	III	
SP	Electronic Data Systems (Mandatory Exchange-Class E General Mtrs)	D	Dividend	II	
SP	Emerson Electric	D	Dividend	III	
SP	FPL Group Inc	D	Dividend	III	
SP	Fed Natl Mtg Assn Inc.	D	Dividend & Split	III	
*2	Federated Trust for Gov't (Bght/sold within 4 days)	E	Interest	I	P,S(Sold1-2-97)
SP	First USA Inc	C	Dividend & Split	II	

PART III - PORTER J GOSS

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	Florida Progress Corp	C	Dividend	III	
SP	Florida St Pollution Ctl (B)	C	Interest	III	
SP	Fort Myers Fla Impt Rev	D	Interest	IV	
SP	Fort Lauderdale Fla Excise Tax (B)	C	Interest	III	
SP	General Electric	H	Dividend	VI	
	General Motors Corp	B	Dividend	II	
SP	Georgia Pacific Corp	C	Dividend	III	
SP	Gillette Co	D	Dividend	II	
*2	Heinz H J Co	C	Dividend	III	
	Hewlett-Packard Co	C	Dividend & Split	I	
SP	Home Depot Inc	E	Dividend	II	
SP	Imation Corp (Spin-off from Minnesota Mining & Man)	C	None	I	
SP	Intel Corp	D	Dividend	I	
SP	International Business Machine	G	Dividend	IV	
SP	International Fund	D	Dividend	III	
SP	Jacksonville Fla Elec Auth Rev (2005) (B)	D	Interest	IV	
SP	Johnson & Johnson	D	Dividend & Split	III	
SP	K Mart Corp	None	Dividend	I	S
	Same as Above		Cap Gains	VI	
SP	Keystone Oaks Pa Sch Auth Sch (B)	C	Interest	II	S
	Same as Above		Cap Gains	I	
SP	Kimberly-Clark Corp	C	Dividend	II	
SP	King World Productions Inc	None	None	I	S
	Same as Above		Cap Gains	V	
SP	Kissimmee Fla Elec & Wtr Rev (B)	None	Interest	III	S
	Same as Above		Cap Gains	I	
SP	Lackawanna Cnty Pa New Pub Hsg (B)	C	Interest	III	
SP	Lee Cnty Fla Cap Impt Rev Ser A (B)	C	Interest	III	
SP	Lifeline Systems Inc	C	None	I	
SP	Lower Moreland Twp Auth (B)	C	Interest	III	
SP	Lubrizol Corp	D	Dividend	III	
SP	Lucent Technologies (Spin-off from AT&T Corp)	C	Dividend	I	
SP	May Department Stores	D	Dividend	III	
SP	McDonalds Corp	D	Dividend	II	
SP	Merck & Co Inc	G	Dividend	VI	
SP	Microsoft Corp	E	None & Split	I	
SP	Millcreek Twp Pa Swr Auth Swr (B)	B	Interest	II	

PART III - PORTER J. GOSS

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	Millipore Corp	C	Dividend	II	
SP	Minnesota Mining & Manufacturing	G	Dividend	VI	
SP	Montgomery Cnty PA (B)	D	Interest	IV	
SP	Motorola Inc	D	Dividend	II	
SP	Norfolk Southern Corp	E	Dividend	IV	
SP	Nynex Corp	B	Dividend	II	
SP	Orange Cnty Fla Solid Waste (B)	C	Interest	III	
SP	Osceola Cnty Fla Gas Tax Rev (B)	D	Interest	IV	
SP	Overriding Royalty In State Oil Leases, LA	G	Royalty	VIII	
SP	PNC Core Equity Fund(Name change-now PNC Select Equity Fund)	None	Dividend	I	
*2	PNC Financial Corp	G	Dividend	VI	
SP	PNC Fund	None	Dividend	I	S
	Same as Above		Cap Gains	I	
SP	PNC Intermediate Municipal Fund	F	Dividend	VI	P
*2	PNC International Equity Fund	C	Dividend	II	
SP	PNC Long Term Municipal Fund	E	Dividend	V	S
	Same as Above		Cap Gains	I	
SP	PNC Pennsylvania Muni (Bought/sold within 4 days)	None	Dividend	I	S
	Same as Above		Cap Gains	I	
SP	PNC Select Equity Fund(Name change-was PNC Core Equity Fund)	E	Dividend	IV	
	PNC Small Cap Growth Fund	C	Dividend	I	S
	Same as Above		Cap Gains	I	
SP	PPG Industries Inc	G	Dividend	VI	
SP	Pacific Telesis Group	B	Dividend	II	
SP	Pasco Cnty Fla Wtr & Swr Rev (B)	D	Interest	IV	
SP	Payless Shoesource Inc (Spin-off from May Department Stores)	None	None	I	S
	Same as Above		Cap Gains	I	
SP	Penna St Higher Edl Facils Auth (B)	C	Interest	II	
SP	Penney J C Co Inc	D	Dividend	IV	
SP	Pennsbury Sch Dist Pa (B)	C	Interest	III	
SP	Pennsylvania St (394853) (B)	C	Interest	III	
SP	Pennsylvania St (394853) (B)	C	Interest	III	
SP	Pennsylvania St Genl Obl (B)	None	Interest	II	S
	Same as Above		Cap Gains	I	
SP	Pennsylvania St Pub Sch Bldg (B)	C	Interest	II	
SP	Pepsico Inc	E	Dividend & Split	III	S
	Same as Above		Cap Gains	V	

PART III - PORTER J GOSS

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
SP	Philip Morris	E	Dividend	V	S
	Same as Above		Cap Gains	IV	
SP	Pinellas Cnty Fla Swr Rev (B)	C	Interest	III	
SP	Premark International Inc	B	Dividend	I	
SP	Proctor & Gamble Co	E	Dividend	III	
SP	Providian Corp	C	Dividend	II	
SP	Puerto Rico Housing Auth (B)	None	Interest	II	S
	Same as Above		Cap Gains	I	
SP	Raytheon Co	D	Dividend	III	
SP	Royal Dutch Pete Co	D	Dividend	III	
SP	SBC Communications	C	Dividend	II	
SP	Sara Lee Corp	C	Dividend	III	
SP	Schlumberger Ltd	C	Dividend	II	
SP	Sebring Fla Wtr & Wastewtr Rev (B)	D	Interest	IV	
SP	Seminole Cnty Fla Sch Dist (B)	D	Interest	III	
SP	Shade Central Pa City Sch Dist (B)	D	Interest	IV	
SP	St Petersburgh Fla Excise Tax (B)	C	Interest	III	
	TRW Inc	C	Dividend & Split	II	
SP	Transamerica Corp	C	Dividend	II	
SP	Tupperware Corp (Spin-off from Premark International Inc)	B	Dividend	I	
SP	U S West Communications	D	Dividend	IV	
SP	U S West Inc	C	None	I	S
	Same as Above		Cap Gains	I	
SP	Upper St Clair Twp Pa Sch Auth (B)	B	Interest	II	
SP	WMX	B	Dividend	I	S
	Same as Above		Cap Gains	VI	
*2	Wal-Mart Stores Inc	F	Dividend	IV	
SP	West Goshen Sewer Auth Pa (B)	B	Interest	II	S
	Same as Above		Cap Gains	I	
SP	Xerox Corp	D	Dividend & Split	III	
SP	Zoll Medical Corp	None	None	I	S
	Same as Above		Cap Gains	VI	

*2 - Owned separately by spouse and filer

Name PORTER J. GOSS

Page 9 of 10

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	See page 10														

This page may be copied if more space is required.

SCHEDULE IV - TRANSACTIONS - PORTER J GOSS

OWNER	ASSET	TRANSACTION	DATE	AMOUNT OF TRANS
SP	Allentown Sch Dist PA DTD 4-1-86 (B)	Called	11-1-96	C
SP	Bethel Pa Mun Auth Sch Bldg Rev (B)	Partial Sale	4-1-96	B
SP	Brinker International Inc	Sale	3-5-96	C
SP	Broward Cnty Fla Hsg Fin Auth (B)	Partial Sale	4-1-96	B
SP	Clarion Pa Area School District (B)	Purchase	7-11-96	C
SP	Coca Cola Co	Partial Sale	4-22-96	C
SP	Compass Capital Funds	Purchase	1-12-96	D
SP	Compass Capital Pa Muni NM	Purchase	12-27-96	G(Sold 1-2-97)
SP	DF Penna Short Term Tax Exempt F	Purchase	4-30&10-31-96	D
SP	DF Penna Tax Exempt Fund	Purchase	4-30&10-31-96	D
SP	DF Special Stock Fund	Partial Sale	4-30-96	D
SP	Dade Cnty Fla Spl Oblig Miami (B)	Called	12-1-96	C
SP	Federated Trust for Gov't Purchase	Purchase	12-27-96	E(Sold 1-2-97)
SP	K Mart Corp	Sale	4-17-96	C
SP	Keystone Oaks Pa Sch Auth Sch (B)	Partial Sale	6-15-96	B
SP	King World Productions Inc	Sale	4-17-96	C
SP	Kissimmee Fla Elec & Wtr Rev (B)	Called	12-1-96	C
SP	PNC Fund	Sale	1-12-96	D
SP	PNC Intermediate Municipal Fund	Purchase	1-17-96	C
SP	PNC Long Term Municipal Fund	Partial Sale	3-8&3-24-96	B
SP	PNC Pennsylvania Muni	Sold	1-2-96	F(Bought 12-29-95)
	PNC Small Cap Growth Fund	Partial Sale	7-5-96	B
SP	Payless Shoesource Inc	Sale	9-23-96	B
SP	Pennsylvania St Genl Obl (B)	Called	7-15-96	C
SP	Pepsico	Partial Sale	4-17-96	C
SP	Philip Morris	Partial Sale	1-10-96	B
SP	Puerto Rico Housing Auth (B)	Called	6-1-96	B
SP	US West Inc	Partial Sale	4-15-96	B
SP	WMX	Partial Sale	4-17-96	C
SP	West Goshen Sewer Auth (B)	Partial Sale	9-3-96	B
SP	Zoll Medical Corp	Sale	9-23-96	C

FILER DID NOT INITIATE, GUIDE OR DIRECT ANY OF THESE DISCLOSED TRANACTIONS

⑥

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 4:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

LINDSEY OLIN GRAHAM
(Full Name)
1429 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)
WASHINGTON DC 20515
Daytime Telephone (202) 225-5301

Filer Status ☒ Member of the U S House of Representatives State SC District: 03 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/10/97

Name LINDSEY OLIN GRAHAM **Page** 2 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP,	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC, *Examples* SP	123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	STORE BUILDING (211 MAIN ST--CENTRAL, SC)	$15,001 - $50,000			S
JT	HOUSE (211 1/2 MAIN ST--CENTRAL, SC)	$15,001 - $50,000			S
	MASS MUTUAL LIFE INSUARANCE (SEP-IRA)	$15,001 - $50,000			
	A G EDWARDS IRA ACCT SENECA, SC	$15,001 - $50,000			
	FIRST UNION BANK, INVESTMENT ACCT WALHALLA, SC	$1,001 - $15,000	Dividends	None - $200	
	FIRST UNION BANK, CHECKING ACCT WALHALLA, SC	$15,001 - $50,000	Interest	None - $200	
	LOAN RECEIVABLE FROM GRAHAM FOR CONGRESS CAMPAIGN FUND	$15,001 - $50,000		None - $200	

Name LINDSEY OLIN GRAHAM | Page 3 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	PUTNAM INVESTMENT HEALTH SCIENCES CLASS A	$1,001 - $15,000	Dividends	None - $200	
JT	CHARLES SCHWAB & CO (CASH ACCT)	None - $1,000	Interest	None - $200	
	FIRST UNION BANK, SAVINGS ACCOUNT	$1,001 - $15,000	Interest	None - $200	
	LINDSEY O GRAHAM ATTORNEY AT LAW (PAYMENT OF BALANCE FROM '93 SETTLEMENT)	$1,001 - $15,000			NA
	COCA COLA COMMON STOCK (CS)	$1,001 - $15,000	Dividends	None - $200	S
	HOME DEPOT CS	$1,001 - $15,000	Dividends	None - $200	S
	U S TREASURY 2-15-14	$1,001 - $15,000			S
	BEAUFORT, SC 0% 3-1-2008 WATER & SEWER	$1,001 - $15,000			S
	CIFRA S A DE C V ADR	$1,001 - $15,000			S
	TEMPLETON DRAGON FUND INC	$1,001 - $15,000	Dividends	None - $200	S
	WAL-MART CS	$1,001 - $15,000	Dividends	None - $200	S
	PUTNAM NEW OPPORTUNITY FUND SHARES	$1,001 - $15,000	Dividends	None - $200	P
	PIONEER SMALL CO FUND CLASS A	$1,001 - $15,000	Dividends	None - $200	P

Name LINDSEY OLIN GRAHAM | **Page** 4 of 6

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	STORE BUILDING (211 MAIN ST--CENTRAL, SC)	Sold	2-1-96	$1,001 - $15,000
JT	HOUSE (211 1/2 MAIN ST CENTRAL, SC)	Sold	2-1-96	$1,001 - $15,000
	COCA COLA CS	Sold	5-21-96	$1,001 - $15,000
	HOME DEPOT CS	Sold	5-21-96	$1,001 - $15,000
	U.S TREASURY SECURITY 2-15-14	Sold	5-21-96	$1,001 - $15,000
	BEAUFORT, SC 0% 3-1-2008 WATER & SEWER	Sold	5-21-96	$1,001 - $15,000
	CIFRA S A DE C V ADR	Sold	5-21-96	$1,001 - $15,000
	TEMPLETON DRAGON FUND INC. SHARES	Sold	5-21-96	$1,001 - $15,000
	WAL- MART	Sold	5-21-96	$1,001 - $15,000
	PUTNAM NEW OPPORTUNITY FUND SHARES	Purchase	5-22-96	$1,001 - $15,000
	PIONEER SMALL CO. FUND CLASS A	Purchase	5-22-96	$1,001 - $15,000

Name LINDSEY OLIN GRAHAM

Page 5 **of** 6

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
JT	MR MEL HANCOCK	MORTGAGE LOAN ON 414 SOUTH CAPITOL ST, S E , WASHINGTON, DC	$100,001 - $250,000

Name LINDSEY OLIN GRAHAM | Page 6 of 6

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
USA GROUP (REVIEW OF STUDENT LOAN GUARANTEE AGENCY)	JUNE 9-10	GREENVILLE, SC--INDIANAPOLIS, IN--WASHINGTON, DC	Y	Y	N	NO
SC TRIAL LAWYERS ASSOC (SPEECH AT CONFERENCE)	AUGUST 9-10	NA	Y	N	N	NO
UNIPAC SERVICE CORP (SPEECH FOR STUDENT LOANS)	AUGUST 19-21	GREENVILLE, SC--DENVER, CO--GREENVILLE, SC	Y	Y	N	NO
BRITISH GOVERNMENT (VISIT REGARDING REGULATORY REFORM AND PLUTONIUM DISPOSITION)	DECEMBER 15-18	GREENVILLE, SC--LONDON,UK--ATLANTA,GA	Y	Y	N	NO

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 JUN 12 PM 1:38

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

√ HAND DELIVERED ③

MC (Office Use Only)

Lindsey Olin Graham (Full Name)

1429 LHOB

WASHINGTON, DC 20515 (Mailing Address)

Daytime Telephone (202) 225-5301

Filer Status	☑ Member of the U S House of Representatives	State SC District 03	☐ Officer or Employee	Employing Office
Report Type	☐ Annual (May 15)	☑ Amendment	☐ Termination	Termination Date

A *$200 penalty* **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐
III Did you your spouse or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☐	No ☐
IV Did you, your spouse or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☐
V Did you your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☐	No ☐
VI Did you your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☐
EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions page 11)	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4 §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 6/12/97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lindsey Olin Graham

Page 2 of 3

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Pep Boy Common Stock		X										X						X										S

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SCHEDULE IV — TRANSACTIONS

Name Lindsey Olin Graham

Page 3 of 3

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	Pep Boy Common Stock		X		5/21/96	X									

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996	Form A For use by Members, officers, and employees

N KAY GRANGER
(Full Name)

6464 BRENTWOOD STAIR ROAD
(Mailing Address)

FORT WORTH TX 76112
Daytime Telephone: 202/225-5071

Filer Status	☒ Member of the U S House of Representatives	State TX District 12	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒ No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Kay Granger

DATE (Month/Day/Year) 5-15-97

Name N. KAY GRANGER

Page 2 **of** 8

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State State of Maryland Civil War Roundtable (Oct 2nd) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	$10,000 $9,000 $1,000 NA
	John Alden Life Insurance Co , Miami, FL	Commissions	$1,665 00
	Blue Cross Blue Shield of Texas	Commissions	$11,429 00
	General American Life Insurance,		
	St Louis, MO	Commissions	$1,312 00
	Golden Rule Insurance Co ,		
	Lawrenceville, ILL	Commissions	$1,268 00
	America Chamber Life Insurance Co ,		
	Naperville, ILL	Commissions	$324 00
	Jefferson Pilot Life Insurance Co ,		
	Greensboro, NC	Commissions	$394 00
	Pacific Mutual Group Life,		
	Newport Beach, CA	Commissions	$396 00
	UNUM, Portland, ME	Commissions	$493 00
	World Insurance, Co , Omaha, NE	Commissions	$278 00
	Loundes Lambert of Texas, Dallas, TX	Commissions	$6,346 00
	Kay Granger Insurance Agency,		
	Ft. Worth, TX	Commissions	$7,064 00
	Kay Granger Insurance Agency,		
	Ft Worth, TX	Salary	$45,000 00

For payments to charity in lieu of honoraria, use Schedule II.

Name N. KAY GRANGER

Page 3 **of** 8

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
Texas Christian University		Speech	Dec. 21, 1996	$ 2,000

Name N KAY GRANGER **Page** 4 **of** 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None "	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Kay Granger Insurance				
	Agency, Inc , Ft Worth, TX	$250,001 - $500,000	Salary	$15,001 - $50,000	
	7008 Sandybrook, Ft Worth,				
	Texas	$15,001 - $50,000	Rent	$5,001 - $15,000	
	Northwestern Mutual Retire-				
	ment Fund	$15,001 - $50,000	Interest	NA	
	Fidelity, Boston, MA (IRA)	$15,001 - $50,000	Interest	NA	
	Loundes Lambert - Sublease				
	office/equipment at 6464 Brent- wood Stair Road		Rent	$5,001 - $15,000	

Name N. KAY GRANGER | **Page** 5 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Certificate of Deposit at First Savings Bank, Arlington, TX	$50,001 - $100,000	Interest	$1,001 - $2,500	
Cabre Corp. Stock	$1,001 - $15,000	Dividends	None - $200	
First National Bank of Texas, Decatur, TX	$50,001 - $100,000	Interest	$201 - $1,000	
First National Bank of Texas, Decatur, TX	$15,001 - $50,000	Interest	$1,001 - $2,500	

Name N KAY GRANGER

Page 6 **of** 8

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,J		Creditor	Type of Liability	Amount of Liability
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
	Colonial Savngs, FA, Ft Worth, TX		Mortgage on 7008 Sandybrook, Ft Worth, TX	$15,001 - $50,000

Name N KAY GRANGER

Page 7 **of** 8

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
President	Kay Granger Insurance Agency, Inc
President	Kay Granger & Associates, Inc
Member of the Board	Longhorn Council of Boy Scouts
Member of the Board	First United Methodist Church, Ft Worth, TX
Member of the Board	Texas Wesleyan University
Member of the Board	Texas A&M University Business Development Council
Member of the Board	The Oakridge School Advisory Board, Arlington, TX
Member of the Board	AIDS Outreach Advisory Board, Ft Worth, TX
Member of the Board	Caring for Children
Member of the Board	Wednesday's Child

Name N KAY GRANGER	**Page** 8 **of** 8

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
	I continue to receive commissions from	
	policies sold before my election to	
	Congress, and I am covered by the health	
	plan from Kay Granger Ins Agency, Inc	

(8)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 6:00
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Raymond Eugene (Gene) Green
(Full Name)

Post Office Box 16128
Houston TX 77222
(Mailing Address)

Daytime Telephone
202-225-1688

Filer Status	☒ Member of the U S House of Representatives	State TX District 29	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒ No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S.C app 4, 104 and 18 U S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Raymond Eugene (Gene) Green

DATE (Month/Day/Year) 5/15/97

Name Raymond Eugene (Gene) Green | **Page** ___ **of** __

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Aldine Independent Shool District	Spouse/ Teacher Salary	N/A
	Houston, Texas		

For payments to charity in lieu of honoraria, use Schedule II.

Name Raymond Eugene (Gene) Green | **Page** ____ **of** ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP,	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC, *Examples* SP	123 Main St, Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	Homestead 379 County Fair	$50,001 - $100,000	No Income		
	Houston, Tx (Harris Co)				
JT	Condominium	$15,001 - $50,000	Rent	$2,501 - $5,000	
SP	Two Houses- Montgomery	$15,001 - $50,000	No Income		
	Co , Texas McRae Lake				
	Subdivision				
SP	No street address	$15,001 - $50,000	No Income		
	Rural Land 20 049 Acres				
	Montgomery County, Texas				

Name Raymond Eugene (Gene) Green **Page** ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Nations Bank	$50,001 - $100,000	Interest	$1,001 - $2,500	
JT	Individual Retirement Accts	$50,001 - $100,000	Interest	$2,501 - $5,000	
	Texas Commerce Bank				
	Airline				
JT	Aldine Teacher's Credit Union, Houston	$1,001 - $15,000	Interest	$201 - $1,000	
	Union, Houston				
JT	Graphics Art Credit Union	None - $1,000	Interest	None - $200	
	Houston ,Texas				
DC	Nations Bank	$1,001 - $15,000	Interest	$201 - $1,000	
	Houston, Texas				
DC	Nations Bank	$1,001 - $15,000	Interest	$201 - $1,000	
	Houston, Texas				NA
DC	Compass Bank	None - $1,000	Interest	None - $200	NA
DC	Houston, Texas				
JT	Prudential Insurance	$1,001 - $15,000	Interest	$201 - $1,000	
	Insurance Interest and				
	Spouse Deferred Comp				
	International Typographical		Amount determined upon		
	Union		retirement		
	Employee Retirement of TX		Amount determined upon		
			retirement		
DC	Compass Bank	None - $1,000	Interest	None - $200	NA
	Houston, Texas				NA
DC	Union Texas Petroleum	None - $1,000	Dividends	None - $200	P

Name Raymond Eugene (Gene) Green	**Page** ____ **of** ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar.2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Chinese National Assoc	3/30/96 to	Houston-Taipei-Houston	Y	Y	Y	No
	of Industry and Commerce	4/6/96					
	Purpose of trip Meet with						
	newly elected President,						
	Vice-President, and Cabinet						
	Cabinet members to discuss						
	discuss Taiwan's economic						
	and port issues relating to						
	the 29th district.						
	Texas Rehabilitation	5/20/96	Houston-San Antonio-Houston	N	Y	N	No
	Commission						
	Purpose of trip: Receive						
	an award						
	Internat'l Longshoreman's	7/13/96 to	Houston-Reno-Houston	Y	Y	Y	No
	Association	7/15/96					
	Purpose of trip: Address						
	annual conference						

Name Raymond Eugene (Gene) Green | **Page** ____ **of** ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
National Conference of	7/28/96	Houston- St. Louis-Houston	N	N	N	No
State Legislatures						
Purpose of trip: Participate						
in round table discussion						
National Association of	8/14/96 to	Houston-Orlando-Houston	Y	Y	Y	1 Day
Lettercarriers	8/18/96					
Purpose of trip: Address						
annual convention						

Name Raymond Eugene (Gene) Green | **Page** ___ of ___

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Major	Texas State Guard, Uncompensated
	Serve under the State government

Name Raymond Eugene (Gene) Green | **Page** ___ of ___

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to. future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
6/90	International Typographical Union	Receive pension upon retirement
1/93	Employee Retirement of Texas	Receive pension upon retirement

⑥

97 MAY 15 PM 3:55
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

James Charles Greenwood
(Full Name)

2436 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-4276

Filer Status	☒ Member of the U S House of Representatives	State PA District 08	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL James Greenwood

DATE (Month/Day/Year) 5-14-97

Name James Charles Greenwood

Page 2 of 6

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bucks County, Pennsylvania	Spouse salary	N A
	Commonwealth of Pennsylvania	Pension for House & Senate service	$5,448 00

For payments to charity in lieu of honoraria, use Schedule II.

Name James Charles Greenwood | **Page** 3 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None "	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP,	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC, *Examples* SP	123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	BONDS - Refco strips	$1,001 - $15,000		NA	
	BONDS - Certificate Accrual Treasury Securities	$1,001 - $15,000		NA	
	MUTUAL FUNDS - Mentor Capital Growth Class BL	$1,001 - $15,000		NA	E
	MUTUAL FUNDS - Mentor Income & Growth Class BL	$1,001 - $15,000		NA	E
	MUTUAL FUNDS - Mentor Growth Fund	$1,001 - $15,000		NA	E
	MUTUAL FUNDS - Mentor Perpetual Global Fund	$1,001 - $15,000		NA	E
	Above Ira held by Wheat, First Securities Inc , Butcher Singer				

Name James Charles Greenwood

Page 4 of 6

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	MUTUAL FUNDS - Mentor Capital Growth Class BL	Exchange	5-3-96	$1,001 - $15,000
	MUTUAL FUNDS - Mentor Income & Growth Class BL	Exchange	5-3-96	$1,001 - $15,000
	MUTUAL FUNDS - Mentor Growth Fund	Exchange	5-3-96	$1,001 - $15,000
	MUTUAL FUNDS - Mentor Perpetual Global Fund	Exchange	5-3-96	$1,001 - $15,000

Name James Charles Greenwood | **Page** 5 of 6

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

Source		Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D C -Chicago-Wash , D.C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
The Aspen Institute Conference on "Preparing Youth for the 21st Century"		Feb. 16-19	Philadelphia - West Palm Beach - Philadelphia	Y	Y	Y	No
The Aspen Institute Conference on "International Trade and the U S Economy"		May 24-28	Philadelphia - Bermuda - Philadelphia	Y	Y	Y	No
The Aspen Institute Conference on "The Convergence of U S National Security and the Global Environment"		Nov. 11-17	Philadelphia - Lisbon, Portugal - Philadelphia	Y	Y	Y	No

Name James Charles Greenwood | **Page** 6 of 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Director (unpaid)	Bucks County (PA) County on Alcoholism
Director (unpaid)	The Woods Schools

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

LUIS V. GUTIERREZ
(Full Name)

2132 West Cortland, Chicago, IL. 60647
(Mailing Address)

(773) 509-0999
(Daytime Telephone)

Filer Status	☒ Member of the U S House of Representatives — State Illinois, District 4th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A ***$200 penalty*** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** CK interest	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/13/97

Name Luis V. Gutierrez	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

Source		Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
Catholic Charities, Chicago, Illinois		Spouse Salary	N/A
2nd Federal Savings & Loan Association, Chicago, Illinois		Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Luis V. Gutierrez

Page 1 of 1

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP,	Examples: SP Mega Corp. Stock				X								X							X									P
DC,	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Wabansia Street Vacant Lot				X														X										
JT	Savings Acct./MidTown Bank &																												
	Security Federal Savings,																												
	Chicago, Illinois			x											x						x								

For additional assets and unearned income, use next page.

Name Luis V. Gutierrez

Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Puerto Rican Manufactureres	April 19-20	Chicago, IL. to Puerto Rico-Chicago,IL.	Y	N	N	N
	Movimiento En Defensa de Los Derechos del Publico	October 25-26	Washington, D.C.- Puerto Rico-Chicago, IL.	Y	N	N	N
	Univision, Inc.	August 23-24	Washington, D.C. - Miami, FL.-Chicago, IL	Y	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Rep. Gil Gutknecht (Full Name)
425 Cannon Office Bldg.
Washington, DC. 20515 (Mailing Address)

202-225-2472 (Daytime Telephone)

Filer Status ☒ Member of the U S House of Representatives — State Minnesota District 1st — ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? Accts. < $5,000 removed **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

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SIGNATURE OF REPORTING INDIVIDUAL Gil Gutknecht

DATE (Month/Day/Year) 5/6/97

Name Gil Gutknecht

Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
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	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1 000
	Ontario County Board of Education	Spouse Salary	NA
	Aldrich Nursery School	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Gil Gutknecht

Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

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Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	B: A	B	C	D	E	F	G	H	I	J	K	C:						D: I	II	III	IV	V	VI	VII	VIII	IX	X	E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001– $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	AT&T stock		X										X							X									
JT	Bell South Stock			X									X								X								
JT	State Capital Cr. Union, saving		X												X					X									
JT	NW Bank, sav. + check.			X											X					X									
	Chrysler Corp., stock (IRA)		X										reinvested						X										
	Templeton Growth (IRA)		X										"						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gil Gutknecht

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	Oppen. Main St. Inc. & Gr. (IRA)		X										Reinvested						X										
	Dean Witter Liq. Asset (IRA)		X																	X									
SP	Berger 100 mutual (IRA)		X																										
SP	Templeton Growth (IRA)		X																										
SP	Schwab money mkt. (IRA)	X																	X										
JT	Lucent Tech.		X										X																Received 03 Spin-off of AT&T
	MN. State Ret. Sys.-def. comp. OCHS Services		X																	NA									
	MN. State Ret. Sys.-legislative pension				NO SPECIFIC								VALUE							NA									
SP	Teacher's Insurance & Annuity Assn. - retirement		X																	NA									previously < $1,000

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SCHEDULE IV — TRANSACTIONS

Name Gil Gutknecht

Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
DC	Premier Bank, sav. } both now less														
DC.	NW Bank, sav. & check. than $5,000														

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Name Gil Gutknecht | Page 6 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D C —Chicago—Wash , D C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Heritage Foundation	1/25 - 1/26	Wash.DC - Baltimore - DC	Y	Y	N	N
	Indep Bakers Assoc	2/13 - 2/14	Desmoines · Ft mayers · Rochester	Y	Y	N	N
	State Gov't Education and Research Foundation	11/23 - 11/25	Rochester - Ft Lauderdale - west Palm Beach - Rochester	Y	Y	N	N

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⑧

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**	**FORM A** For use by Members, officers, and employees

97 MAY 13 PM 2:28
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC (Office Use Only)

RALPH M. HALL
(Full Name)

2221 Rayburn House Office Building (Mailing Address) — (202) 225-6673 (Daytime Telephone)

Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State Texas, District 04	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Ralph Moody Hall	**DATE** (Month/Day/Year) 5-12-97

05/13/97 09:40

Name RALPH M. HALL | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1 000
	Ontario County Board of Education	Spouse Salary	NA
	Employee Retirement System of Texas	Legislative Pension	$36,699

For payments to charity in lieu of honoraria, use Schedule II.

05/13/97 09:42

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name RALPH M. HALL

Page 3 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del.							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	Securities:																												
	Crowley Holding Co.					X							X											X					
	Lakeside National Bank			X									X								X								
	Lakeside BancShares						X						X											X					
	North & East Trading Co.			X															X										
	Caddo Estates East			X															X										

For additional assets and unearned income, use next page.

05/13/97 09:43

SCHEDULE III - ASSETS AND UNEARNED INCOME

Continuation Sheet (If needed)

Name RALPH M. HALL RMH

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100 000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5 000,000	X Over $5,000,000	P, S, E
	Notes Receivable:																												
	North & East Trading				X														X										
	R. Hampton Hall				X														X										
	Brett A. Hall			X															X										
	Hall Law Office			X															X										
	Oil Interest:																												
	Caddo Parish, LA		X																X										
	Real Estate:																												
	152 Ac., Hunt Co., Texas					X													X										
	15 Ac., Henderson Co., Texas			X															X										
	2 Lots Harbor Landing			X															X										
	D.C. Townhouse					X													X										
	451 Ac., Jack County, Tex.					X								X								X							
	Partnership Interest:																												
	Chihal Limited			X															X										

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Name RALPH M. HALL | Page 5 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Lakeside National Bank, Rockwall,Tx	Business Loan & Henderson Co. & Harbor Landing Lot				X						
	First National Bank, Leonard, Texas	Harbor Landing Lot	X									
	American Bank, Sherman, Texas	Crowley Holding Co. and Lakeside BancShares				X						
	Bank of Crowley, Crowley, Tx	Jack Co. Property Mtg.			X							
	Community Bank, Rockwall, Tx	Business Borrowings	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

05/13/97 09:45

Name RALPH M. HALL | Page 0 of 0

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Lloyd Wilcox, Rockwall, Tx.	Lakeside BancShares		X								
	Loretta Myers, Rockwall, Tx.	Lakeside BancShares				X						
	E.K.Slaughter, Rockwall, Tx.	Crowley Holding Co.			X							
	Rosemary Scott, Rockwall, Tx.	Business Borrowings	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

05/13/97 09:46

Name RALPH M. HALL Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
The Krieble Institute Washington, D.C.		Apr. 7 Apr. 12	Dallas, Texas-Moscow Moscow-Dallas, Texas	Y	Y	N	N
National Security Caucus Washington, D.C.		Dec. 13 Dec. 22	Dallas, Texas-Guam/Saipan Guam/Saipan-Dallas, Tex.	Y	Y	Y	Y 2 days

Name RALPH M. HALL **Page** 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman and Director (unpaid)	Crowley Holding Company, Crowley, Texas
Chairman and Director (unpaid)	Bank of Crowley, Crowley, Texas
Chairman and Director (unpaid)	Lakeside National Bank, Rockwall, Texas
President and Director (unpaid)	Lakeside BancShares, Rockwall, Texas
Chairman and Director (unpaid)	North and East Trading and Linrock, Rockwall, Texas
Partner (unpaid)	Chihal Limited, Rockwall, Texas
Manager Member	Caddo Estates East, Caddo Mills, Texas

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 14 PM 2:33
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

Tony P. Hall
(Full Name)

2560 North 23rd Road
(Mailing Address)

Arlington, VA. 22207

Daytime Telephone 202-225-6465

Filer Status ☒ Member of the U S House of Representatives State Ohio District 3 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☒	No ☐
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Tony P. Hall

DATE (Month/Day/Year) 5-14-97

Name Tony P. Hall

Page 2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	Worldview Magazine	Article	Nov.6,1997	$300.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Tony P. Hall

Page 3 **of** 7

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**											BLOCK C **Type of Income**						BLOCK D **Amount of Income**										BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											If other than one of the listed categories, specify the type of income by writing a brief description in this block						For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP.	*Examples* SP Mega Corp Stock				X								X							X									P
DC.	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Halls Hand Laundry, Inc.(1/3 int.)				X								X							X									
JT	R.O.Assoc(1.98% ltd.partner)	X													(loss)				X										
JT	Signet Bank, Arlington,VA.		X												X				X										
SP	" " " "		X												X				X										
JT	Cong.Employee Fed.Credit Union		X												X				X										
JT	Shearson Lehman IRA			X									X						NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tony P. Hall

Page 4 **of** 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 - $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 - $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
DC	Wendy's,Mattel&Techiclone Intl. Stock		X										X						X										
SP	First Union Bank,Arlington,VA	X													X				X										
JT	Projectavision Stock		X																X										P

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Name Tony P. Hall | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Mr. Ronnie Cameron, Mountaire Corp., North Little Rock, Arkansas	Emergency air transportaion for critically ill son Matt, Tony, Janet & two others - Calif. to DC(NIH Hospit.)	$5,000

Use additional sheets if more space is required.

Name Tony P. Hall

Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	U.S. Catholic Conference	Dec. 7-18	DC-Oslo-Rome-DC(Spouse) Oslo-Rome-DC (air trans.not sponsor exp.)	N	N	Y	6 Days
	Republic of Uganda	Dec. 1-7	Dayton-Uganda-Oslo	Y	Y	N	N

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Name Tony P. Hall Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Limited Partnership	R.O. Associates - K-Mart Store
Chairman	Congressional Hunger Center
Director	Bread For The World
Trustee	Holiday Aid
President	Hall's Hand Laundry, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

(9)

97 MAY 13 PM 12: 10

OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

Lee Herbert Hamilton
(Full Name)

2314 Rayburn HOB Washington DC 20515
(Mailing Address)

202/225-5315
(Daytime Telephone)

Filer Status	☒ Member of the U S House of Representatives	State Indiana District 9	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/12/97

Lee Herbert Hamilton Name	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Lee Herbert Hamilton
Name

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb 2, 1996 Aug 13, 1996	$2,000 $500
	South Central Indiana Association of Life Underwriters	speech	Oct. 17, 1996	$50.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lee Herbert Hamilton

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples. SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SP	Sears Roebuck & Co, stock					X							X									X							
JT	Sears Roebuck & Co, stock		X										X						X										
SP	Allstate Corp, stock					X							X									X							
JT	Allstate Corp, stock		X										X						X										
SP	Dean Witter Discover, stock					X							X								X								
JT	Dean Witter Discover, stock		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lee Herbert Hamilton

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Airtouch Communications		X													X			X										
	Pacific Telesis, stock		X										X							X									
	General Motors Co, stock		X										X						X										
	AT&T, stock		X										X						X										
	Lucent Tech, stock		X										X						X										
JT	Money Market fund, Crestar, Bank of VA				X										X					X									
	Money Market fund, Wright Patman FCU				X										X							X							
	Growth Funds of Wash, IRA			X									X		X				N/A IRA										
SP	John Nuveen Tax Ex.		X												X						X								S
SP	Nuvenn Tax Ex.		X												X				X										
SP	Bell Atlantic Corp, stock			X									X								X								
SP	Old Kent Bk. Chgo Tax Ex. cash management fund						X								X								X						
SP	Gov't. Nat. Morg. Bond	X													X				X										
SP	AMCAP fund, IRA		X										X		X				N/A IRA										

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SCHEDULE IV — TRANSACTIONS

Name Lee Herbert Hamilton

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–96		X								
SP	John Nuveen Tax Ex. Unit Trusts		X		12-16-96	X									

This page may be copied if more space is required.

Lee Herbert Hamilton Name	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Lee Herbert Hamilton

Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

This page may be copied if more space is required.

Name Lee Herbert Hamilton | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
NONE		

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

97 APR 23 PM 12:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

9

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

JAMES V. HANSEN
(Full Name)

2466 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

(202) 225-0453
Daytime Telephone

Filer Status ☒ Member of the U.S. House of Representatives State Utah District 1st ☐ Officer or Employee Employing Office

Report Type [✓ ☒ Annual (May 15)] ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL James V. Hansen

DATE (Month/Day/Year) 04/23/97

Name JAMES V. HANSEN

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE FARM INSURANCE CO. PENSION PLAN	PENSION	$3,948.84

For payments to charity in lieu of honoraria, use Schedule II.

Name JAMES V. HANSEN

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	NONE.			

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Name JAMES V. HANSEN

Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	BLOCK A	BLOCK B A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Office Bldg. at 60 South 200 West Farmington, Utah 84025					X								X									X						
JT	Building Lots (3) Woodland Springs, Plat A, Farmington, Utah 84025					X													X										
JT	Wright Patman Cong. Fed. Credit Union		X												X					X									
JT	Mountain America Credit Union	X													X				X										
JT	America First Credit Union		X												X				X										
JT	United States Savings Bonds			X											X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES V. HANSEN

Page 5 of 9

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Davis Schools Credit Union (Savings)		X												X				X										
	State of Utah Retirement Plan	UNDETERMINABLE																	X										

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Name JAMES V. HANSEN

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	NONE.														

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Name JAMES V. HANSEN	**Page** 7 **of** 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
JT	Zions First National Bank	Mortgage on Rental Office 60 S. 200 W., Farmington UT		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE.		

Use additional sheets if more space is required.

Name JAMES V. HANSEN	Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE.							

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Name JAMES V. HANSEN	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
NONE.	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE.	

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

8

97 MAY 14 PM 4:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

JANE HARMAN
(Full Name)

1217 EL PRADO
(Mailing Address)
TORRANCE CA 90501

Daytime Telephone: 310-783-8220

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status ☒ Member of the U S House of Representatives State: CA District: 36 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL Jane Harman

DATE (Month/Day/Year) 5/15/97

Name JANE HARMAN | Page / of 6

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	HARMAN INT'L INDUSTRIES INC	SPOUSE - SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name JANE HARMAN Page 2 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples:* Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	BANK ACCOUNTS:				
JT	CITY NATIONAL BANK-BEVERLY HILLS, CA	$500,001 - $1,000,000	Interest	$201 - $1,000	
JT	CITIBANK-WASHINGTON DC	$15,001 - $50,000	Interest	$201 - $1,000	
	NATIONSBANK-WASHINGTON DC	$100,001 - $250,000	Interest	$1,001 - $2,500	
SP	NATIONSBANK-WASHINGTON DC	$50,001 - $100,000	Interest	$5,001 - $15,000	
DC	NATIONSBANK-WASHINGTON DC	$100,001 - $250,000	Interest	$5,001 - $15,000	
JT	SMITH BARNEY-MONEY FUNDS GOVT PORT	$1,001 - $15,000	Dividends	$1 - $200	
	EQUITIES:				
	HARMAN INT'L IND INC COMMON	$1 - $1,000	Capital Gains and Dividends	$15,001 - $50,000	S

Name JANE HARMAN | Page 3 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	HARMAN INT'L IND INC COMMON	Over $1,000,000	Capital Gains and Dividends	Over $1,000,000	S/E
SP	HARMAN INT'L IND INC OPTIONS COMMON	Over $1,000,000		$1 - $200	
SP	FOAMEX INT'L INC COMMON	$50,001 - $100,000		$1 - $200	
SP	UNITED AUTO GROUP INC COMMON	$100,001 - $250,000		$1 - $200	P
	FIXED INCOME				
SP	FED HOME LOAN BANK DISCOUNT NOTES	Over $1,000,000	Interest and Capital Gains	Over $1,000,000	P/S
	REAL ESTATE LIMITED PARTNERSHIPS:				
SP	SO NORWALK REDEVELOPMENT LTD (OWNING BROOKFIELD CRAFT CTR, WASHINGTON ROW 1,2,3)	$1 - $1,000	Partnership Income	$1 - $200	
SP	PISCATAWAY CENTENNIAL ASSOC LP - LIQUIDATED AND DISTRIBUTED FELCOR SUITE HOTEL INC SHARES SOLD IN 1996	$1 - $1,000	Capital Gains	$15,001 - $50,000	S
	INVESTMENT LIMITED PARTNERSHIPS:				
JT	FIFTY-THIRD STREET VENTURES LP LIQUIDATED AND DISTRIBUTED NUCO2 INC AND HYCOR BIOMEDICAL EQUITIES SOLD IN 1996	$1 - $1,000	Interest and Capital Gains	$100,001 - $1,000,000	S
SP	PATRICOF PRIVATE INVESTMENT CLUB LP	$50,001 - $100,000	Interest	$1,001 - $2,500	P
	RETIREMENT PLAN:				
SP	HARMAN INT'L IND INC RETIREMENT PLAN (NOT SELF DIRECTED) HELD AT PUTNAM INVMNTS.	$250,001 - $500,000		NA	
	TRUSTS				
	JANE HARMAN 15 YEAR GRANTOR INCOME TRUST	Over $1,000,000	Interest and Dividends	$15,001 - $50,000	
	JANE HARMAN 25 YEAR GRANTOR INCOME TRUST	Over $1,000,000	Interest and Dividends	$100,001 - $1,000,000	
	THE LAKES DESCENDANTS TRUST	$500,001 - $1,000,000	Interest	$15,001 - $50,000	
DC	THE LAKES DESCENDANTS TRUST	$250,001 - $500,000	Interest	$15,001 - $50,000	
SP	SIDNEY HARMAN CHARITABLE REMAINDER TRUST	Over $1,000,000	Interest	$100,001 - $1,000,000	

Name JANE HARMAN | Page 4 of 6

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	HARMAN INT'L IND INC COMMON	Sold	5/21/96	over $1,000,000
	HARMAN INT'L IND INC COMMON	Sold	5/21/96	$50,001 - $100,000
JT	SALES OF SECURITIES DISTRIBUTED FROM FIFTY THIRD STREET PARTNERSHIP.			
JT	NUCO2 INC	Sold	6/26 & 7/2/96	$250,001 - $500,000
JT	HYCOR BIOMEDICAL	Sold	12/9/96	$1,001 - $15,000
SP	SALE OF FELCOR SUITE HOTELS INC RECEIVED IN EXCHANGE FOR FORMER PARTNERSHIP INTEREST - PISCATAWAY CENTENNIAL ASSOCIATES LP	Sold	9/13/96	$1,001 - $15,000
SP	FEDERAL HOME LOAN DISCOUNT NOTES - VARIOUS SHORT TERM INVESTMENTS HELD TO MATURITY AND SOLD	Purchase Sold	VAR 96	over $1,000,000
SP	HARMAN INT'L IND INC COMMON (CONTRIBUTED TO HARMAN FAMILY FOUNDATION)	Sold	5/7/96	over $1,000,000
SP	HARMAN INT'L IND INC COMMON (CONTRIBUTED TO SIDNEY HARMAN CHARITABLE REMAINDER TRUST)	Sold	5/7/96	over $1,000,000
SP	PATRICOF PRIVATE INVESTMENT CLUB LP	Purchase	4/12/96	$15,001 - $50,000
SP	UNITED AUTO GROUP INC COMMON	Purchase	10/23/96	$100,001 - $250,000

Name JANE HARMAN | Page 5 of 6

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.	$100,001 - $250,000
JT	NATIONSBANK, WASHINGTON DC	REVOLVING LINE OF CREDIT - PAID OFF 5/96	over $1,000,000

Name JANE HARMAN | Page 6 of 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
VICE PRESIDENT	THE HARMAN FAMILY FOUNDATION - UNCOMPENSATED
MEMBER - THROUGH JUNE 1996	JOHN F KENNEDY SCHOOL OF GOV'T - HARVARD UNIVERSITY VISITING COMMITTEE - UNCOMPENSATED
TRUSTEE	JANE HARMAN 15 YEAR GRANTOR INCOME TRUST - UNCOMPENSATED
TRUSTEE	JANE HARMAN 25 YEAR GRANTOR INCOME TRUST - UNCOMPENSATED
TRUSTEE	LAKES DESCENDANTS TRUSTS - UNCOMPENSATED
TRUSTEE	LAKES DISCRETIONARY GRANDCHILDRENS TRUST - UNCOMPENSATED

JANE HARMAN
Financial Disclosure Statement
Year Ending 12/31/96

Disclosure Regarding Limited Partnership Interests and Use of Alternative Valuation Methods:

Two basic methods have been used to determine the value of each partnership interest. These methods differ as a result of the information available at the date of filing.

Method 1

Where market value statements were available, the value was determined by applying the ownership percentage of the reporting individual to the total value of the capital account reserved for limited partners. Method 1 was implemented with regard to Patricof Private Investment Club, LP.

Method 2

In some cases market value financial statements were not available. Accordingly, the ending capital balance for the reporting individual was used to value the partnership interest. This method was applied with regard to South Norwalk Redevelopment, Ltd.

⑧

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members officers and employees

97 MAY 15 PM 5:20

HAND DELIVERED
MC
(Office Use Only

J. DENNIS HASTERT
(Full Name)

7630 Route 34, P.O. Box 386
Yorkville, Illinois 60560
(Mailing Address)

202-225-2976
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State IL District 14	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS: Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10, 11.)	Yes ☐	No ☒
EXEMPTION: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL: Dennis Hastert

DATE (Month, Day, Year): 5-15-97

Name J. DENNIS HASTERT | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Yorkville, IL School District #115	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name J. DENNIS HASTERT | Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	Rush Presbyterian St. Lukes Medical Center	Speech	March 11, 1996	$ 250.00
	International Foundation of Employee Benefit Plans	Speech	May 7, 1996	$ 1,000.00
	National Association for Medical Equipment	Speech	Sept. 20, 1996	$ 1,000.00
	Society for Excellence in Eyecare, Inc.	Speech	Oct. 26, 1996	$ 1,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name J. Dennis Hastert

Page 4 of 8

BLOCK A
Asset and/or Income Source
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20.

BLOCK B
Value of Asset
at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C
Type of Income
If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D
Amount of Income
For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E
Transaction
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP. DC. JT.	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
	123 Main St, Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Yorkville National Bank																												
	Personal Account	X													X				X										
	Farm Account		X												X				X										
JT	Farm, RR I, Shipman, IL					X							Farm Income						X					X					
	(270 Acres)																		(Net)					(Gross)					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name J. Dennis Hastert

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 $15,000	$15,001 – $50,000	$50,001 $100,000	$100,001 $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	Opera House Property, 500 Lockport St., Plainfield, IL 60543 (½ Interest)					X								X								X							
	State of Illinois Pension Fund			X											N	A						N	A						
	Congressional Fed. Credit Union		X												X				X										
	Northwest Mutual Life (IRA)		X										X		X	X				X									
SP	Northwest Mutual Life (IRA)		X										X		X	X				X									

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Name J. DENNIS HASTERT | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	First Midwest BANK (Joliet)	50% Interest in Mortgage by Opera House Properties		X								
	Federal LAND BANK	Mortgage on 110 Acres of Farmland, Shipman, Illinois.			X							
	Community BANK of N. Aurora	Co-Sign Mortgage with relative			X							
	Yorkville NATIONAL BANK	Co-sign loan for home Repair for Relative		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name J. DENNIS HASTERT	Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D C —Chicago—Wash , D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	JAPAN - U.S. Friendship Commission, George Washington Univ.	1/16-1/20/96	Chicago-Tokyo-Osaka-Chicago	Y	Y	N	2 days
	General Communications, Inc.	6/28-7/3/96	Chicago-Anchorage-Chicago	Y	Y	Y	N
	National Conference of State Legislatures	7/27-7/28/96	Springfield-St. Louis-Chicago	Y	N	N	N
	Asia-Pacific Exchang Foundation	12/2-7/15/96	Chicago-Beijing-Guangzhou-Hong Kong-Yangon-Singapore-Chicago	Y	Y	N	N

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Name J. DENNIS HASTERT | Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
50% Partner	Opera House Property Partnership

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
NA	STATE of ILLINOIS retirement system	Pension Available at age 55 due to
		prior service.

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers and employees

97 MAY 21 AM 9:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
✓
MU HAND DELIVERED
(Office Use Only)

②

J. Dennis Hastert
(Full Name)

7630 Route 34, P.O. Box 386
Yorkville, Illinois 60560
(Mailing Address)

202-225-2976
Daytime Telephone

Filer Status	☐ Member of the U.S. House of Representatives — State IL District 14	☐ Officer or Employee	Employing Office
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☐	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☐
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☐

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SIGNATURE OF REPORTING INDIVIDUAL J. Dennis Hastert

DATE (Month, Day, Year) 5-20-97

Name J. DENNIS HASTERT | Page 2 of 2

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

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Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C.—Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Asia - Pacific Exchange Foundation (USIA Approved)	12/2 - 12/15/96	Chicago - Beijing - Guangzhou HongKong - Yangon - Singapore Chicago	Y	Y	N	N

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(4)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members officers, and employees

97 MAY -7 PM 4:15
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

The Honorable Alcee L Hastings
(Full Name)

1039 Longworth HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone
(202) 225-1313

Filer Status	☒ Member of the U S House of Representatives	State FL District 23	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

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IV Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
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VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

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EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

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SIGNATURE OF REPORTING INDIVIDUAL Alcee L. Hastings

DATE (Month/Day/Year) May 7, 1997

Name The Honorable Alcee L Hastings | **Page** 2 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed* list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None "	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP,	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC, *Examples* SP	123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Nations Bank (Ft Lauderdale)	None - $1,000			
	1055 NW 183rd Street, Miami, FL	$50,001 - $100,000	Rent	$5,001 - $15,000	
	Wright Patman Credit Union Account (2%)	$1,001 - $15,000		None - $200	

Name The Honorable Alcee L Hastings | **Page** 3 of 4

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances and liabilities owed to a spouse or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
	Robert Catz	Legal Fees	$500,001 - $1,000,000
	Terrence Anderson	Legal Fees	$1 000,001 - $5,000,000
	Patricia Williams	Legal Fees	$500,001 - $1,000,000
	Karr & McClan	Legal Fees	$100,001 - $250,000
	Mark McDonald	Legal Fees	$15,001 - $50,000
	Lewis Meyer	Legal Fees	$15,001 - $50,000
	Wright Patman Credit Union	Automobile Loan	$10,001 - $15 000

Name The Honorable Alcee L Hastings

Page 4 of 4

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Traverse City, Michigan - American Sugar Alliance	August 1996	Wash-Michigan	Y	Y	N	No
	India - The Confederation of India Industry	December, 1996	Wash-Bombay-Wash	Y	Y	N	No
	Westfield, New Jersey - Seminar on the 104th Congress	June 1996	Wash-New Jersey	Y	Y	N	No

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members officers, and employees

97 JUN 12 PM 12:09
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC ④
(Office Use Only)

The Honorable Alcee L Hastings
(Full Name)

1039 Longworth HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone
(202) 225-1313

Filer Status	☒ Member of the U S House of Representatives	State FL District 23	☐ Officer or Employee — Employing Office
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech apppearance or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you your spouse or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Alcee L. Hastings

DATE (Month/Day/Year) June 12, 1997

Name The Honorable Alcee L Hastings | Page 2 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1 000 at the end of the reporting year and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1 000 For an IRA or retirement plan that is *not* self directed name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child parent or sibling any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value please specify the method used If an asset was sold and is included only because it generated income the value should be "None"	If other than one of the listed categories specify the type of income by writing a brief description in this block	For IRA s and retirement plans that are *not* self directed you may write in "NA" for income	Indicate if asset was purchased(P) sold(S) or exchanged(E) in reporting year
SP DC JT	*Examples* SP Mega Corp Stock 123 Main St Dover Del 1st Bank of Paducah KY accounts	$15 001 - $50 000 $250 001 $500 000 $50,001 - $100 000	Dividends Rent Interest	$201 - $1 000 $1 001 - $2 500 $5 001 - $15 000	P
	Nations Bank (Ft Lauderdale)	None - $1,000			
	1055 NW 183rd Street, Miami, FL	$50,001 - $100,000	Rent	$5 001 - $15 000	
	Wright Patman Credit Union Account (2%)	$1,001 - $15 000	Interest	None - $200	
	8528 Longacre Dr Miramar, FL 33025	$100 001 - $250 000		None - $200	
	5602 NW 206th Terr, Miami, FL (1/2) 33055	$50 001 - $100 000		None - $200	

Name The Honorable Alcee L. Hastings | **Page** 3 **of** 4

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DG,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Robert Catz	Legal Fees	$500,001 - $1,000,000
	Terrence Anderson	Legal Fees	$1,000,001 - $5,000,000
	Patricia Williams	Legal Fees	$500,001 - $1,000,000
	Karr & McClan	Legal Fees	$100,001 - $250,000
	Mark McDonald	Legal Fees	$15,001 - $50,000
	Lewis Meyer	Legal Fees	$15,001 - $50,000
	Wright Patman Credit Union	Automobile Loan	$10,001 - $15,000

Name The Honorable Alcee L Hastings | **Page** 4 of 4

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Traverse City, Michigan - American Sugar Alliance	August 20, 1996	Wash-Michigan	Y	Y	N	No
	India - The Confederation of India Industry	Nov 29 - Dec 9, 1996	Wash-Bombay-Wash	Y	Y	N	No
	Westfield, New Jersey - Seminar on the 104th Congress	June 10, 1996	Wash-New Jersey	Y	Y	N	No

②

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

(Full Name) DOC HASTINGS

(Mailing Address) 4710 DESERT PLATEAU DRIVE PASCO, WA 99301

Daytime Telephone 202-225-5816

Filer Status	☒ Member of the U S House of Representatives — State WA District 04	☐ Officer or Employee — Employing Office	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4 §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day/Year) 5-15-97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Doc Hastings

Page 2 of 2

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
Examples	123 Main St, Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
JT	Columbia Basin Paper & Supply Trust - Benefits Northwest						X																						
JT	Yakima Federal Savings - Deposit		X																										
JT	Chas Schwab - IRA		X																										

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 JUN 13 PM 2:56
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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)
①

DOC HASTINGS
(Full Name)

4710 DESERT PLATEAU DRIVE PASCO, WA 99301
(Mailing Address)

202-225-5816
Daytime Telephone

A **$200 *penalty*** **shall be assessed against anyone who files more than 30 days late.**

Filer Status	☐ Member of the U S House of Representatives	State District	☐ Officer or Employee — Employing Office
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

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SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
6-12-97

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY -6 PM 5:20

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

①

John David "J.D." Hayworth, Jr.
(Full Name)

1023 Longworth HOB, U.S. House of Representatives

Washington, DC 20515
(Mailing Address)

(202) 225-2190
(Daytime Telephone)

MC HAND DELIVERED
(Office Use Only)

Filer Status: ☒ Member of the U.S. House of Representatives — State AZ — District 06 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

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IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

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SIGNATURE OF REPORTING INDIVIDUAL: John David "J.D." Hayworth, Jr.

DATE (Month/Day/Year): 5/6/97

(9)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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HOUSE OF REPRESENTATIVES

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(Office Use Only)

JOEL M. HEFLEY (Full Name)

RM. 2230 RHOB
WASH. D.C. 20515 (Mailing Address)

(202) 225-4422 (Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representatives State CO. District 5th ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☑

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Joel Hefley

DATE (Month/Day/Year) 5/14/97

Name JOEL M. HEFLEY

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SPOUSE:		
	Lynn HEFLEY		
	TRiple DIAMOND LTD. (wholly owned small business)	Bus. INCOME	
	Property Management	% of Rents	
	STIENMARK	spouse salary	
	CARE CASTLE	SPOUSE SALARY	

For payments to charity in lieu of honoraria, use Schedule II.

Name JOEL M. HEFLEY | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	N/A			

This page may be copied if more space is required.

Name JOEL M. HEFLEY

Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP,	Examples. SP Mega Corp Stock				X								X							X									P
DC,	123 Main St , Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	1/6 interest N. HANCOCK St. Co. springs PARKEMORE MANOR Apts.				X									X									X						
JT.	1/2 interest Friendship Pl. Apts FRIENDSHIP Pl. Co. springs, CO.			X										X									X						
	Piper Jaffary & Hopwood MONY MKT. Acct. 25 N. CASCADE AV. CO. Sp., CO.			X											X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOEL M. HEFLEY

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST & Princ.	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	NOTE ON OK FARM. N. MACArthur Edmond, OK.			X											X							X							
	NOTE ON FOOTE AV. APTS.			X											X									X					NOTE PAID off
	Public Emp. Retirement ASSN. DENVER, CO.			X																									
	TEACHERS INS.-Annuity ASSN.						X																						

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SCHEDULE IV — TRANSACTIONS

Name JOEL M. HEFLEY

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–96		X								
		NONE														

This page may be copied if more space is required.

Name Joel Hefley	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						
JT	Jim Burton	1/6 mortgage on Paramore Apts. Hancock St. Co. Sp., Co.		X								
JT	Lomas Co. - Dallas, Tx.	1/2 mortgage on Friendship Pl. Apts. Co. Sp., Co.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name JOEL M. HEFLEY Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	1996 TRANSATLANTIC Conference Ripon Educational Fund	11/9/96 – 11/16/96	WASH. D.C. to Rome, ITALY AND RETURN	Y	Y	Y	N

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Name JOEL M. HEFLEY	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 21 AM 8:55
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(7)
(Office Use Only)

W. G. (BILL) HEFNER
(Full Name)

2470 RAYBURN BUILDING
(Mailing Address)

WASHINGTON, D. C. 20515

Daytime Telephone (202) 225-3715

Filer Status	☒ Member of the U S House of Representatives	State NC District Eighth	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A **$200 *penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S C app. 4, §104 and 18 U.S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL W G Bill Hefner

DATE (Month/Day/Year) 5/20/97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name W. G. (BILL) HEFNER

Page 2 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT		Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		AT & T Corp. stock		x										x							x									
		Cracker Barrel Old Country Store stock		x										x						x										S
		Earth Search Sciences, Inc. stock	x											x						x										P
		First Tennessee National Corp. stock			x									x							x									
		General Electric Co. stock				x								x								x								
		Gillette Co. stock				x								x							x									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. G. (BILL) HEFNER

Page 3 of 7

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Lucent Technologies, Inc. stock		x										x						x										E
	Morton International, Inc. stock			x									x							x									
	Tyson Foods, Inc. stock			x									x						x										
	Motorola, Inc. stock	x											x							x									S
	Capital World Growth & Income Fund				x								x								x								P
	Smallcap World Fund, Inc.				x								x							x									
	Metro Washington, D. C. 8% Airport Bonds		x												x					x									
	Mutual Benefit Theatre Partners III		x										Partnership Income								x								
	Kemper Tax Exempt Ins. Inc. Trust		x												x				x										
	Fidelity Cash Reserve Fund			x									SEP - IRA						x										
SP	Washington Mutual Investors Fund		x										IRA						x										
	Congressional Federal Credit Union				x										x						x								
	House,1065 N.Nelson St.,Arlington, VA					x								x									x						
	Tarheel Motors of Reidsville, Inc.																												
	Note Receivable						x								x								x						E

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. G. (BILL) HEFNER

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	First Charter Nationl Bank –																												
	Checking account			x											x				x										
SP	Central Fidelity National Bank –																												
	Checking account		x												x				x										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name W. G. (BILL) HEFNER

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	Cracker Barrel Old Country Store stock		x		06/11/96	x									
	Motorola, Inc. stock		x		09/11/96		x								
	Earth Search Sciences, Inc. stock	x			01/30/96	x									
	Lucent Technologies, Inc. stock (received														
	in spin-off from AT & T Corp.)			x	10/01/96	x									
	Tarheel Motors of Reidsville, Inc.														
	Note receivable (received in exchange														
	for stock)			x	06/14/96					x					
	Capital World Growth & Income Fund	x			Var.1996	x									
	Tarheel Motors of Reidsville, Inc.														
	stock (exchanged for above note)			x	06/14/96					x					
	Branson & Hefner Investments, LLC –														
	member interest (exchanged for above note)			x	06/14/96		x								

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Name W. G. (BILL) HEFNER

Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						
	A. G. Edwards & Sons, Inc. Alexandria, VA	Margin account		x								
	First Charter National Bank	Unsecured note		x								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name W. G. (BILL) HEFNER	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partner	Mutual Benefit Theatre Partners, III
Secretary	Tarheel Motors of Reidsville, Inc.
Member	Branson & Hefner Investments, LLC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Walter William Herger, Jr (Full Name)		
2433 Rayburn House Office Building (Mailing Address)		
Washington	DC 20515	Daytime Telephone. 202/ 225-3076

Filer Status	☒ Member of the U S. House of Representatives	State CA District 02	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL
Walley Herger

DATE (Month/Day/Year)
5-15-97

Name Walter William Herger, Jr. | **Page** ____ **of** ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

			BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP,			Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC,	*Examples*	SP	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT			1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
			1120 4th Ave (Rio Oso, CA)	$100,001 - $250,000	Rent	$15,001 - $50,000	
			Herger Ranch (Rio Oso, CA)	$1,000,001 - $5,000,000	N/A	None - $200	
			Herger Gas, Inc (Rio Oso, CA)	$500,001 - $1,000,000	S-Corp Allocation	None - $200	
			Montrose Barber Inv (Sacramento, CA)	None - $1,000	Ltd Partnership-Bankruptcy-		
					Total Loss		
			Shearson Lehman (IRA)	$15,001 - $50,000	N/A		
			Wright Patman Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
			Nation's Bank - (Springfield, VA)	$50,001 - $100,000	Interest	$201 - $1,000	

Name Walter William Herger, Jr | **Page** ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar.2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Klamath Alliance for Resouces & Development		June 21-23	WDC - Redding (CA) - WDC	Y	Y	N	No

Name Walter William Herger, Jr | **Page** ____ **of** __

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Organization
Director (Uncompensated)	Herger Gas, Inc (Propane Gas Distribution, Rio Oso, CA)

(1)

97 MAY 15 AM 11: 54

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Rick Hill
(Full Name)

2105 Crystal Drive
Helena MT 59601
(Mailing Address)

Daytime Telephone: 202-225-3211

Filer Status	☒ Member of the U.S House of Representatives	State MT District 00	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Rick Hill

DATE (Month/Day/Year): 5/15/97

Name Rick Hill

Page 2 of 7

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year For a spouse list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Montana	Spouse Salary	N/A
	State of Montana-State Compensation	Director Stipend	$500
	Insurance Fund		

For payments to charity in lieu of honoraria, use Schedule II.

Name Rick Hill

Page 3 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP, DC, JT	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
Examples SP	Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1 000 $1,001 - $2,500 $5,001 - $15,000	P
	Fidelity Contra Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	Fidelity Low Price StockFund	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	
	First Bank Corp	$1,001 - $15,000	Dividends	$201 - $1,000	S (2/20/97)
	Nuveen Fund - NMO	$50,001 - $100,000	Interest	$5,001 - $15,000	
	U S Treasury Bonds	$50,001 - $100,000	Interest	$5,001 - $15,000	Partially Redeemed (12/2/96)
JT	Composite Cash Mgmt Acct	$100,001 - $250,000	Interest	$2,501 - $5,000	
	F & G Life Annuity	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Allstate Corp	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	S (1/3/97)
	Boeing Company	$1,001 - $15,000	Dividends	$201 - $1,000	

Name Rick Hill | Page 4 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	GTE	$15,001 - $50,000	Dividends	$201 - $1,000	
	GT Global E European Fund	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	Partial S (5/9/97)
	Sears Roebuck & Co	$1,001 - $15,000	Dividends	$201 - $1,000	
	US Surgical	$1,001 - $15,000	Dividends	None - $200	
	Video Lottery	$1,001 - $15,000	Capital Loss and Dividends	– $5,001 - $15,000 Loss	S (12/5/96)
	Baker Fentress & Co	$1,001 - $15,000	Dividends	$201 - $1,000	
JT	Pacific American Shares	$1,001 - $15,000	Dividends	None - $200	
JT	Pacificorp	$1,001 - $15,000	Dividends	$201 - $1,000	S (5/9/97)
JT	First Security Bank (Savings)	$1,001 - $15,000	Interest	None - $200	
	Mountain West Bank	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	S (12/11/96)
	The New Travelers	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	S (12/17/96)
JT	Lot 28-Cloverview Sub-Apts	$500,001 - $1,000,000	Rent	$1,001 - $2,500 Net $50,001 - $100,000 Gross	
	Unit 2C-Arcade Bldg-Helena	$100,001 - $250,000	Rent	$1,001 - $2,500 Net $5,001 - $15,000 Gross	
	Unit 2B-Arcade Bldg-Helena	$50,001 - $100,000	Rent	$1,001 - $2,500 Net $5,001 - $15,000 Gross	
	Unit 3D-Arcade Bldg-Helena	$15,001 - $50,000	Rent	$1,001 - $2,500 Net $2,501 - $5,000 Gross	
	Lower Level Partnership	$100,001 - $250,000	Rent	$5,001 - $15,000	
	InsureWest, Inc.	$50,001 - $100,000	Dividends	None - $200	
JT	Red Letter Mining Claim	$50,001 - $100,000	None	None - $200	
JT	Financial Corp of Santa Barbara	None - $1,000	None	None - $200	
	Note Receivable-InsureWest	$15,001 - $50,000	Interest	None - $200	
SP	Carnival Cruise Lines	$1,001 - $15,000	Dividends	$201 - $1,000	P (9/1/96)
	Due from R Hill for Congress Campaign	$100,001 - $250,000	Interest	None - $200	

Name Rick Hill | **Page** 5 **of** 7

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Video Lottery	Sold	12-5-96	$1,001 - $15,000
	The New Travelers	Sold	12-17-96	$1,001 - $15,000
	Mountain West Bank	Sold	12-11-96	$1,001 - $15,000
	Allstate Corp.	Sold	1-3-97	$1,001 - $15,000
	GT Global E. European Fund	Sold	5-9-97	$1,001 - $15,000
JT	Pacificorp	Sold	5-9-97	$1,001 - $15,000
	First Bank Corp.	Sold	2-20-97	$15,001 - $50,000
SP	Carnival Cruise Lines	Purchase	9-1-96	$1,001 - $15,000
	U. S. Treasury Bonds	Sold / Redeemed	12-2-96	$15,001 - $50,000

Name Rick Hill

Page 6 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.	$100,001 - $250,000
	Helena Financial Services (Helena, MT)	Mortgage-Suite2C-Arcade	$15,001 - $50,000
	SBA (Denver, CO)	Mortgage-Suite 2B-Arcade	$15,001 - $50,000
	Glacier Bank (Kalispell, MT)	Mortgage-12th Tee Apts.	$250,001 - $500,000
	InsureWest, Inc,(Helena,MT)	Loan - Personal	$15,001 - $50,000

Name Rick Hill | Page 7 of 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
President	InsureWest, Inc
Chairman of Board (Resigned 12/96)	Montana State Compensation Insurance Fund
Partner	12th Tee Apts
Partner	Lower Level Partnership
Proprietor	Hill Properties

(4)

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Earl Frederick Hilliard
(Full Name)

1314 Longworth House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone:
(202) 225-2665

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U.S. House of Representatives — State: AL District: 07	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Earl F. Hilliard

DATE (Month/Day/Year): 5-15-97

Name Earl Frederick Hilliard

Page ____ of ___

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Trustee (uncompensated)	Selma University
Trustee (uncompensated)	Tuskegee University
Trustee (uncompensated)	Miles College of Law
Director (uncompensated)	Hilliard & Company, Inc.
Director (uncompensated)	American Trust Life Insurance Company
Director (uncompensated)	American Trust Corporation
Director (uncompensated)	American Trust Communication Corporation

Name Earl Frederick Hilliard

Page __ **of** __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.	$100,001 - $250,000
	AmSouth Bank, B'ham, AL	Loan	$15,001 - $50,000
	National Bank of Commerce	Loan	$100,001 - $250,000
	SouthTrust Bank	Mortgage on 1614-3rd Avenue, N., Birmingham, AL	$100,001 - $250,000
		Ave. N., Birmingham, AL	
	William Parker, B'ham, AL	Mortgage on 1614-3rd Avenue N., Birmingham, AL	$100,001 - $250,000
		Ave. N., Birmingham, AL	

Name Earl Frederick Hillard | Page ____ of ____

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

	Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Tobacco Institute	Nov. 9-12, 1996	Birmingham-Phoenix-Birmingham	Y	Y	N	No

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

HAND DELIVERED
97 MAY 15 PM 4:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

④

MAURICE D. HINCHEY
(Full Name)

3101 POWDERMILL ROAD
SAUGERTIES N.Y. 12477
(Mailing Address)

Daytime Telephone 202 225-6335

MC (Office Use Only)

Filer Status: ☒ Member of the U S House of Representatives — State NEW YORK District 26 — ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Maurice D. Hinchey

DATE (Month/Day/Year) 5-15-97

Name MAURICE HINCHEY | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF NEW YORK	STATE PENSION	32,734

For payments to charity in lieu of honoraria, use Schedule II.

Name MAURICE WINCHEY

Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None"

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp Stock				X								X							X									P
	123 Main St , Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	ALFACELL CORP STOCK		X																										
	PRUDENTIAL IRA			X																									
	VARIABLE INVESTMENT																												
	PLAN																												

For additional assets and unearned income, use next page.

Name MAURICE HINCHEY

Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CHINEESE NATIONAL ASSOC. INDUSTRY + COMMERCE	2/11-2/17	WASHINGTON D.C TAIPAI TAIWAN	Y	Y	N	N
	MIAMI CONGRESSIONAL WORKSHOP	2/2-2/4	WASHINGTON D.C. MIAMI FLA.	Y	Y	N	N
	FOUR SCORE AND TEN PRODUCTIONS	12/15-12/16	SAUGERTIES, N.Y. N.Y.C. N.Y.	Y	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 13 AM 10: 17
U.S. HOU...

HC MAY 12 1997
(Office Use Only)

9

RUBEN E HINOJOSA
(Full Name)

P O BOX 1075
(Mailing Address)

MERCEDES, TX 78570

(202)225-2531
Daytime Telephone

Filer Status: ☒ Member of the U S House of Representatives — State Texas — District 15TH — ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10 000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Ruben E. Hinojosa

DATE (Month/Day/Year) MAY 9, 1997

Name RUBEN E HINOJOSA

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	H & H FOODS - PRESIDENT AND BOARD OF DIRECTORS	SALARY	$100,000.00
	H & H FOODS - PRESIDENT AND BOARD OF DIRECTORS	DIRECTOR FEES	$ 500.00
	MORALES - BEST HINOJOSA ARCHITECT INC	ORDINARY INCOME FROM BUSINESS	$ 18,157.00

For payments to charity in lieu of honoraria, use Schedule II.

Name RUBEN E HINOJOSA

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name RUBEN E HINOJOSA

Page 4 of 9

BLOCK A — Asset and/or Income Source
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset
at close of reporting year
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income
If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income
For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	342 S TEXAS AVE / MERCEDES TX RUBENS RENTAL BLDG.-				X									X									X						
SP	REAL ESTATE ASSOCIATES	X												X						X									
SP	MORALES BEST HINOJOSA ARCHITECT		X												X				X										
	HINOJOSA ENTERPRISES			X										X	X				X		X								
	HINOJOSA DEVELOPMENT						X							X	X								X	X					
SP	MERRILL LYNCH		X													NA					NA								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RUBEN E HINOJOSA

Page 5 of 9

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001- $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	NATIONS BANK SAVINGS/CHECKING			X											X					X									
	H & H FOODS ESOP						X								N/A						N/A								
	H & H FOODS STOCKS								X						N/A						N/A								
DC	TEXAS REGIONAL BANCSHARES			X											N/A						N/A								
SP	AT&T CORP STOCK	X													N/A						N/A								
SP	HORMEL FOODS CORP STOCK	X													N/A						N/A								
SP	LUCENT TECHNOLOGIES STOCK	X													N/A						N/A								
SP	MCI COMMUNICATION CORP STOCK	X													N/A						N/A								
SP	MICROSOFT CORP STOCK		X												N/A						N/A								
SP	NCR	X													N/A						N/A								
	MFS GOV'T FUND			X																									
	INVESTORS FUND			X																									
	TOTAL RETURN			X																									

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SCHEDULE IV — TRANSACTIONS

Name RUBEN E HINOJOSA

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–96		X								
DC	TEXAS REGIONAL BANCSHARES			X		12-04-96	X									

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Name RUBEN E HINOJOSA | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	H & H FOODS	LOAN TAXES PERSONAL (1990 - 1996)			X							
	HINOJOSA DEVELOPMENT CO	PERSONAL LOAN 1984				X						
	FIRST NAT"L BANK OF EDINBURG MERCEDES BRANCH	PERSONAL LOAN		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name RUBEN E HINOJOSA

Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash., D C —Chicago—Wash , D C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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Name RUBEN E HINOJOSA | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
MEMBER, BOARD OF DIRECTOR	SOUTH TEXAS COMMUNITY COLLEGE
PRESIDENT, MEMBER, B.O.D	H & H FOODS
ADVISORY BOARD	UNIVERSITY OF TEXAS AT AUSTIN TX
ADVISORY BOARD	UNIVERSITY OF TEXAS AT PAN AMERICAN
PARTNER	HINOJOSA DEVELOPMENT
PARTNER	HINOJOSA ENTERPRISES

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

97 JUN -9 AM 10:52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Congressman Ruben Hinojosa
U.S. House of Representatives
1032 Longworth House Office Building
Washington, D.C. 20515

June 6,1997

The Clerk, The U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, D.C. 20515-6612

⑤

✓ MC

Dear Gentlemen:

Enclosed please find the amended statements that require attention according to your letter dated May 29,1997. Page 1 of 9 indicates amendment, my signature and date. Page 2 of 9 I added "spouse" to the column for ordinary income from business. Page 4 of 9 now shows partnership for Hinojosa Enterprises and Development. Merrill Lynch is a money market account. Interest was earned for the amount of $ 125.00. Page 5 of 9 was amended to indicate the IRA accounts plus the pension plan. Also, the type of income and amount of income are indicated in block C and D. On the same page NCR was omitted since this was a 1997 transaction.

Please call me at (202)-225-2531 if you have any further questions.

Sincerely yours,

Rubén Hinojosa

Ruben Hinojosa
Congressman

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

For use by Members officers and employees

97 JUN -9 AM 10: 53

HAND [illegible]
(Office Use Only)

RUBEN E HINOJOSA
(Full Name)

P O BOX 1075
MERCEDES, TX 78570
(Mailing Address)

(202)225-2531
Daytime Telephone

Filer Status ☒ Member of the U S House of Representatives State Texas District 15TH ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☒ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have earned income (e g salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech appearance or article in the reporting period? **If yes, complete and attach Schedule II** Yes ☐ No ☒

III Did you your spouse or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1 000 at the end of the period? **If yes, complete and attach Schedule III** Yes ☒ No ☐

IV Did you your spouse or dependent child purchase sell or exchange any reportable asset worth more than $1 000 in the reporting period? **If yes, complete and attach Schedule IV** Yes ☒ No ☐

V Did you your spouse or a dependent child have any reportable liability (more than $10 000) during the reporting period? **If yes, complete and attach Schedule V** Yes ☒ No ☐

VI Did you your spouse or a dependent child receive any reportable gift in the reporting period (i e aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you your spouse or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** Yes ☒ No ☐

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding Qualified Blind Trusts approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you your spouse or dependent child? (See Instructions pages 10 11) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets "unearned" income transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4 §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Rubén Hinojosa

DATE (Month/Day/Year) JUNE 6, 1997

Name RUBEN E HINOJOSA

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	H & H FOODS - PRESIDENT AND BOARD OF DIRECTORS	SALARY	$100,000.00
	H & H FOODS - PRESIDENT AND BOARD OF DIRECTORS	DIRECTOR FEES	$ 500.00
	MORALES - BEST HINOJOSA ARCHITECT INC	SPOUSE's ORDINARY INCOME FROM BUSINESS	$ 18,157.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name RUBEN E HINOJOSA

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the u rlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1 000	B $1 001 – $15 000	C $15 001 – $50,000	D $50,001 – $100 000	E $100,001 – $250,000	F $250 001 – $500 000	G $500 001 – $1 000 000	H $1,000 001 – $5 000 000	I $5,000 001 – $25 000,000	J $25 000 001 – $50 000 000	K Over $50 000 000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1 000	III $1 001 – $2 500	IV $2,501 – $5,000	V $5 001 – $15 000	VI $15 001 – $50,000	VII $50,001 – $100 000	VIII $100 001 – $1,000,000	IX $1,000 001 – $5 000 000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock				X								X							X									P
	Examples: 123 Main St Dover Del							X						X											X				
	Examples: 1st Bank of Paducah KY accounts					X									X							X							
	342 S TEXAS AVE / MERCEDES TX RUBENS RENTAL BLDG.-				X									X									X						
SP	REAL ESTATE ASSOCIATES	X												X						X									
SP	MORALES BEST HINOJOSA ARCHITECT		X												X				X										
	HINOJOSA ENTERPRISES PTSH			X										X	X				X		X								
	HINOJOSA DEVELOPMENT PTSH						X							X	X								X	X					
SP	MERRILL LYNCH IRA		X												X				X										

For additional assets and unearned Income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RUBEN E HINOJOSA

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1 001 – $15 000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500 000	G $500,001 – $1,000,000	H $1 000 001 – $5 000 000	I $5,000,001 – $25,000 000	J $25,000 001 – $50,000 000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	NATIONS BANK SAVINGS/CHECKING			X											X					X									
	H & H FOODS ESOP PENSION PLAN						X									X			X										
	H & H FOODS STOCKS								X							X			X										
DC	TEXAS REGIONAL BANCSHARES IRA			X									X			X			X					X					
SP	AT&T CORP STOCK IRA	X														X			X										
SP	HORMEL FOODS CORP STOCK IRA	X											X			X			X										
SP	LUCENT TECHNOLOGIES STOCK IRA	X														X			X										
SP	MCI COMMUNICATION CORP STOCK IRA	X														X			X										
SP	MICROSOFT CORP STOCK IRA		X													X					X								
	MFS GOV'T SECURITIES FUND A IRA			X									X							X									
	INVESTORS TRUST FUND A IRA			X									X							X									
	TOTAL RETURN FUND A IRA			X									X							X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 12:16
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(13)

David L. Hobson
(Full Name)

482 Longford Close, East
(Mailing Address)

202-225-4324
Daytime Telephone

Springfield, Ohio 45503

HAND DELIVERED
MC
(Office Use Only)

Filer Status	☒ Member of the U S House of Representatives State: OHIO District: 7	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒ No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☒ No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL David L Hobson

DATE (Month/Day/Year) 5-15-97

Name David L. Hobson

Page 2 of 15

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Public Employee Retirement System of Ohio	Legislative Pension	$ 833

For payments to charity in lieu of honoraria, use Schedule II.

Name David L. Hobson

Page 3 of 15

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

Page 4 of 15

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Salem Olive Associates (Ptnrship) Olive Road, Dayton OH (Bldg/Land)					X								X					X										
	Nineteen Thirty S.Limestone (Ptnrship) Springfield OH	X												X	X					X									S
	T-Four Partnership (Bldg/Land) 2138 N.Limestone, Spfld OH					X								X					X										
	Grandview Storage Assoc. (Ptnrship) 4.5 Acres,Urlin Ave., Cols. OH								X					X	X									X					
	Cablevision of Baton Rouge Englewood CO (Ptnrship)	X													X				X										
	Retirement Resources,Inc. (S-Corp) Springfield OH	X											S-Corporation Loss						X										

CONTINUED NEXT PAGE

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Hobson

Page 5 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Leader-Interest in Oil Well (Ptnrship Columbus Oil	X											Oil and Gas Partnership						X										
	Fujiyama Columbus Partnership Note Receivable							X							X									X					
	Fujiyama Indianapolis Partnership Note Receivable					X									X									X					
	Retirement Resources, Inc. Note Receivable	X													X				X										
SP	Delaware Group (Mutual Fund)			X									X								X								
	Kemper Technology Fund (Mutual Fund)			X									X								X								
	Cooker Restaurant Corp (Stock)						X						X								X								
	IBM Corporation (Stock)		X										X						X										
	Security Banc Corp (Stock)				X								X								X								
SP	Security Banc Corp (Stock)					X							X								X								
SP	Proctor & Gamble (Stock)		X										X							X									
	Proctor & Gamble (Stock)		X										X							X									
	Newco-FLC (Stock)					X							X						X										
	International Basic Resources (Stock)		X										X						X										
	Fidelity Investment Advisors, Inc. (Stock)			X									X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Bobson

Page 6 of

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transacti
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Chevron Corporation (Stock)		X										X							X									
	ASSETS IN KEYBANK (FORMERLY SOCIETY BANK) CRANTOR TRUST																												
	Key Bank (Formerly Society Bank) Money Market Funds			X									X							X									
	Republic Oil Company (Stock)	X											X						X										
	Intimate Brands, Inc. (Stock)	X											X						X										S
	Proctor & Gamble (Stock)			X									X							X									
	Perpetual Federal Savings Bank (Stock)	X											X						X										S
	Security Banc Corp (Stock)		X										X							X									
	ASSETS HELD IN IRA ADVEST ACCOUNT 782-70032																												
	Security Banc Corp (Stock)			X									X						X										P
	First Franklin Corp (Stock)	X											X							X									S
	Western OH Financial Corp (Stock)	X											X								X								P, S
	Cooker Restaurant Corp (Stock)		X										X						X										
	Perpetual Federal Savings Bank (Stock)	X											X						X										S
	Money Funds			X									X						X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Hobson

Page 7 of 1

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transacti
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	STOCKS HELD IN SMITH BARNEY ACCOUNT #715-51764-10																												
	Berkshire Hathaway, Inc.	X											X						X										P, S
	Synthetic Blood, Int'l Inc.	X											X						X										S
	Ultratech Stepper, Inc.		X										X						X										P
	Smith Barney Money Funds				X								X						X										P
	Western Ohio Financial Corp				X								X										X						Parti (S-Sale
	Ohio Public Employee Retirement Fund			X										PENSION						X									
	G. Arthur Seelbinder (Note Receivable)					X									X				X										
	ASSETS HELD IN SECURITY NATIONAL BANK (GRANTOR TRUST)																												
	Money Market Funds		X										X							X									P
	Security Banc Corp (Stock)		X										X						X										P
	ASSETS HELD IN SMITH BARNEY IRA ACCOUNT # 715-50987-13																												
	Synthetic Blood Inc.	X											X						X										S
	Unit Trust (Select 10 Dow-96-5)		X										X						X										P

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SCHEDULE IV — TRANSACTIONS

Name David L. Hobson

Page 8 of 15

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-96		X								
	Nineteen Thirty South Limestone (Partnership)		X		10-4-96		X								
	ASSETS IN KEY BANK (FORMERLY SOCIETY BANK) GRANTOR TRUST														
	Intimate Brands (Stock)		X		12-2-96	X									
	Perpetual Federal (Stock)		X		12-2-96	X									
	ASSETS IN IRA ADVEST A/C 782-70032														
	Western Ohio Financial Corp	X			3-14-96	X									
	First Franklin Corp		X		11-29-96		X								
	Western Ohio Financial Corp		X		11-29-96		X								
	Perpetual Federal Savings Bank		X		12-2-96	X									
	Security Banc Corp	X			12-26-96		X								
	Money Market Funds	X			Various		X								
	ASSETS IN SMITH BARNEY A/C 715-51764-10														
	Berkshire Hathaway, Inc.	X			5-8-96		X								
	Synthetic Blood Int'l, Inc.		X		7-19-96	X									
	Ultratech Stepper, Inc.	X			7-19-96	X									
	Smith Barney Money Funds	X			Various			X							
	Western Ohio Financial Corp (Stock)		X		11-25-96		X								
	Western Ohio Financial Corp (Stock)		X		12-16-96		X								
	Berkshire Hathaway, Inc.		X		9-3-96		X								

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SCHEDULE IV — TRANSACTIONS

Name David L. Hobson

Page 9 of 15

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-96		X								
	ASSETS IN SECURITY NATIONAL BANK GRANTOR TRUST														
	Money Market Funds	X			Various	X									
	Security Bank Corp	X			7-17-96	X									
	ASSETS IN SMITH BARNEY IRA A/C #715-50987-13														
	Mutual Funds	X			11-29-96	X									
	Synthetic Blood Int'l, Inc.		X		11-29-96	X									

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Name David L. Hobson | Page 10 of 15

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Key Bank (Formerly Society National Bank)	One-year Note Secured by Stock				X						
	Huntington National Bank	1st Mortgage on 2138 N. Limestone	X	(PAID OFF IN 1996)								
	Ankney-Pratt	2nd Mortgage on 2138 N. Limestone			X	(PAID OFF IN 1996)						
	Star Bank of Central Ohio	Mortgage on Warehouse Urlin Avenue						X	(PAID OFF IN 1996)			
	Home City Savings	Mortgage on 1930 S.Limestone (Partnership)		X	(PAID OFF IN 1996)							

CONTINUED NEXT PAGE

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

Name David L. Hobson	Page 11 of 15

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Huntington National Bank	Mortgage on 3.1 Acres (Fuji Vacant Ground)Cols.OH			X							
	Security National Bank - Salem Olive	Mortage on Olive Road				X						
	Key Bank (Formerly Society Bank)	Mortgage on Fujiyama Restaurant, Indpls IN				X						
	Bank One	Revolving Line of Credit		X								
	Bank One	Loan Secured by Stock				X						

CONTINUED NEXT PAGE

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Name David L. Hobson

Page 12 of 15

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Security National Bank	Business Note for Grandview Storage		X								
	Fifth Third Bank of Columbus	Business Note for Fujiyama, Columbus OH		X								
	Key Bank (Formerly Society Bank)	Loan Secured by Stock		X	(PAID OFF IN 1996)							
	Farm Bureau Life Insurance Company	Mortgage on Warehouse Urlin Avenue, Cols. OH							X			
	Security National Bank	First Mortgage on 2138 North Limestone			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

Name David L. Hobson

Page 13 of 15

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Aspen Institute		Feb.15-19	Columbus, Ohio - Palm Beach Florida - Columbus, Ohio	Y	Y	Y	1
Ripon Educational Fund		Nov. 9-16	Washington DC - Rome, Italy - Washington DC	Y	Y	Y	No

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Name David L. Hobson	Page 14 of 15

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
	(SEE ATTACHED LIST)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
1982 to Present	State of Ohio Public Employee Retirement System	Continuing Participation in Retirement Plan

GPO 1997 38-551 (mac)

Use additional sheets if more space is required.

DAVID L. HOBSON
FINANCIAL DISCLOSURE STATEMENT
FOR CALENDAR YEAR 1996

SCHEDULE VIII - POSITIONS

POSITIONS		NAME OF ORGANIZATION
Trustee	(*)	Ohio Wesleyan University
Director	(*)	Cooker Restaurant Corporation
Partner	(**)	Leader Oil Well Limited Partnerships
Partner	(**)	I-FOUR
Partner	(**)	Cablevision of Baton Rouge, Ltd.
Partner	(**) (***)	Hobson/Kaffenbarger/Noonan
Partner	(**)	Salem-Olive Associates
Partner	(**)	Grandview Storage Associates
Partner	(**) (***)	Nineteen Thirty S. Limestone Partners

(*) The Trustee and Director positions were not compensated in 1996

(**) The Partnerships are each included in Schedule III

(***) The Partnership was dissolved in 1996 as a Result of the Sale of the Partnership Property

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 14 PM 2:48
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

⑨

Peter Hoekstra
(Full Name)

1122 Longworth HOB, Washington, DC 20515
(Mailing Address)

202-225-4401
(Daytime Telephone)

MC HAND DELIVERED
(Office Use Only)

Filer Status ☒ Member of the U S House of Representatives — State District MI. 2nd — ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Peter Hoekstra

DATE (Month/Day/Year) 5/13/97

Name Peter Hoekstra | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name Peter Hoekstra	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples Association of American Associations, Wash D C XYZ Magazine	Speech Article	Feb 2 1996 Aug 13, 1996	$2 000 $500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Peter Hoekstra

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 - $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP Examples	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Personal Accts. - OkB		X												X					X									
	Personal Accts. - FMB		X												X					X									
	Holland Public School Bonds			X											X						X								
	Thrift Savings Plan			X									X		X							X							
	FMB Trust					X							X		X				NA										
	Herman Miller Stock			X									X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Hoekstra

Page 5 of 9

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	IRA Acct. OkB			X									X		X					X									
	FMB																												
	HmI																												
	Jabal Stock		X										X						X										S
	Capital World Growth Fund		X										X		X					X									P

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SCHEDULE IV — TRANSACTIONS

Name Peter Hoekstra

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
Jt	Sold Jabal Common Stock		X		5/9/96	X									

This page may be copied if more space is required.

Name Peter Hoekstra | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
	FMB of Zeeland, Mi		Equity Credit Line		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source		Description	Value
Example	Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Peter Hoekstra

Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples ·	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Herman Miller, Inc.	July 12-14	Wash. D.C. - Dallas/ G.R. Rapids.	Y	Y	N	N
	Federalist Society	11/15-11/16	G.R: Washing - G.R	N	N	N	N
	National Assoc. of Mfg.	12/8-12/10	G.R. - Boca Raton - GR	Y	Y	N	1 day

This page may be copied if more space is required.

Name Peter Hoekstra | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
97 JUN 13 AM 9:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

✓ INSIDE MAIL

MC (2)
(Office Use Only)

Peter Hoekstra
(Full Name)

1122 Longworth HOB, Washington, DC 20515
(Mailing Address)

202-225-4401
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives	State District MI 2	☐ Officer or Employee — Employing Office
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Pete Hoekstra

DATE (Month/Day/Year): 6/12/97

Name P. Hoekstra

Page 2 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP. DC JT	Block A	A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P S E
Examples																													
SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Thrift Savings Plan				X																								

For additional assets and unearned income, use next page.

1 of 4

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Hon T Timothy Holden
(Full Name)

31 Pearl Street
(Mailing Address)

St Clair PA 17970

Daytime Telephone: 202-225-5546

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status: ☒ Member of the U S House of Representatives — State PA, District 06 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) — Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) — Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Tim Holden

DATE (Month/Day/Year): 5/13/97

Name Hon T Timothy Holden | **Page** 2 of 4

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information see Instructions pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10 000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	County of Schuylkill Pennsylvania	Spouse Salary	$27,460 88

For payments to charity in lieu of honoraria, use Schedule II.

Name Hon T Timothy Holden | Page 3 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* Mega Corp Stock SP 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1 001 - $2,500 $5,001 - $15,000	P
JT	Schuylkill Federal Employees Credit Union - 724 Market Street, Pottsville, PA 17901	$1,001 - $15,000	Interest	$2,501 - $5,000	NA
SP	Lease Purchase Agreement- 329 West Oak Street, Shenandoah, PA 17976	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
JT	Community Bank - 2nd & Canal Street, St Clair, PA 17970	None - $1,000	Interest	None - $200	NA
JT	Pennsylvania National Bank, 1 South Centre Street, Pottsville, PA 17901	$1,001 - $15,000	Interest	None - $200	NA
JT	VanGuard Group, Box 7800, Philadelphia, PA	$50,001 - $100,000	Interest	$5,001 - $15,000	NA
	--detailed list of VanGuard Group fund portfolio--				
	PA Tax Free Fund, Insured -Long Term Bond	$1,001 - $15,000	Interest	$201 - $1,000	NA

Name Hon. T Timothy Holden | **Page** 4 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

VMMR Prime Portfolio - money market	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
Vanguard High Corporate Bond Portfolio	$1,001 - $15,000	Interest	$201 - $1,000	NA
Wndsor II Stocks	$1,001 - $15,000	Dividends	$1,001 - $2,500	NA

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Darlene Kay Olson Hooley
(Full Name)

6404 Failing Street
West Linn, Oregon 97068
(Mailing Address)

503-655-1975
Daytime Telephone

Filer Status: ☒ Member of the U.S. House of Representatives — State Oregon District 5 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — NA Yes ☐ No ☐

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — NA Yes ☐ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Darlene Hooley

DATE (Month/Day/Year): 5/15/97

Name Darlene Hooley

Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Clackamas County	Compensation	$62,306.64
	Clackamas County Community College	Spouse Salary	NA
	State of Oregon PERS	Spouse Retirement	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Darlene Hooley	Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C XYZ Magazine	Speech Article	Feb 2, 1996 Aug 13, 1996	$2,000 $500
	NA			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Darlene Hooley **Page** 4 **of** 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St, Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SP	Fidelity Investment		X										X		X						X								
	Aetna (Tax Deferred Annuity)					X							Tax Def. Ann.						NA										
SP	Jackson National (Tax Deferred Annuity)			X									Tax Def. Ann.						NA										
SP	Standard (Tax Deferred Annuity)			X									Tax Def. Ann						NA										
	Westport Oil & Gas Company Trustee - One-Fourth Owner			X									Royalty							X									
	PERS				X								NA						NA										

For additional assets and unearned income, use next page.

Name Darlene Hooley

Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP DC JT	Asset	Type of Transaction PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–96		X								
	NA														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Name Darlene Hooley **Page** 6 **of** 8

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	U.S. Bank, West Linn, OR	Line of Credit			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NA	NA	NA

Use additional sheets if more space is required.

Name Darlene Hooley **Page** 7 **of** 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C. § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago- Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	NA						

This page may be copied if more space is required.

Name Darlene Hooley | Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Director of Community Board	Sisters of Providence Health Plan
Trustee	Olson Family Trust
Executive Board Member	End of the Trail Foundation
Director	United Way - Columbia Region

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

(4)

97 MAY 15 AM 9:32
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

STEPHEN HORN
(Full Name)

3944 Pine Avenue
(Mailing Address)

Long Beach CA 90807

Daytime Telephone (202) 225-6676

Filer Status: ☒ Member of the U.S. House of Representatives — State CA District 38 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Stephen Horn

DATE (Month/Day/Year) May 14, 1997

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name STEPHEN HORN

Page 2 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP. DC. JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P. S. E
SP.	*Examples* SP Mega Corp Stock				X								X							X									P
DC.	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Smith Barney IRA		X																NA										
SP	Smith Barney IRA		X																NA										
SP	Shurgard IRA		X																NA										
	Shurgard IRA		X																NA										
JT	Boston Financial		X																NA										
	TIAA-CREF Annuity				X																			X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEPHEN HORN

Page 3 of 4

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 - $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	(California Public Employee PERS Retirement System) annuity					x													NA										
	Beneficial Standard Life Ins. annuity					x													NA										
	John Alden Life Ins. annuity			x															NA										
	General American Life Ins. annuity			x															NA										
	Safeco Life Ins. annuity					x													NA										
	Fidelity Guaranty Life Ins. annuity				x														NA										
JT	Bank of America (Long Beach, California)			x											x				x										

This page may be copied if more space is required.

STEPHEN HORN | Page 4 of 4

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (uncompensated)	Kutak Foundation, Omaha, Nebraska (A charitable organization formed to provide scholarships and studies in honor of the late Robert J. Kutak, a distinguished attorney; I attend Board meetings when they are held in Washington and do not seek reimbursement for my $2.20 in METRO fares)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
December 15, 1994	California State University System and Trustee Professor of Political Science Stephen Horn	"A leave of absence without compensation" from the "position as Trustee Professor at California State University, Long Beach is approved for the period January 1, 1995 through December 31, 1996."

Use additional sheets if more space is required.

(3)

97 MAY 15 PM 3:15
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

John Nathan Hostettler
(Full Name)

431 Cannon H.O.B.
(Mailing Address)

Washington, D.C. 20515
Daytime Telephone: 202.225.4636

Filer Status	☒ Member of the U.S. House of Representatives	State IN District 8th	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL
John N. Hostettler

DATE (Month/Day/Year)
May 15, 1997

Name John Nathan Hostettler

Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP/DC/JT	Asset and/or Income Source	A None - $1,000	B $1,001 - $15,000	C $15,001 – $50,000	D $50,001 - $100,000	E $100,001 – $250,000	F $250,001 - $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P S E
SP	*Examples* SP Mega Corp. Stock				X								X							X									P
DC	123 Main St. Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	American Brands Stock (gift)	x																	x										
	Bristol-Meyers Squibb Stock(gift)	x																	x										
	IBM Stock (gift)	x																	x										
	Key Corp Stock (gift)	x																	x										
	*All stock listed was a gift																												
	from a family member																												

For additional assets and unearned income, use next page

Name John Nathan Hostettler	**Page** 3 **of** 3

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Evansville Teachers Federal Credit Union	Consolidation Note		x								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 PM 3:05 (20)
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U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

Amory Houghton, Jr.
(Full Name)

80 East Market Street, Suite 300
(Mailing Address)

Corning, New York

Daytime Telephone
(202) 225-3161

Filer Status ☒ Member of the U.S. House of Representatives — State New York, District 31st ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/97

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1996 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE I - EARNED INCOME

Source and Type	Amount
Corning Incorporated	
Income (in-kind).	
Value of transportation benefits by former employer - see Part IX Agreements	$ 168
Value for secretarial services provided by former employer for whom consulting services are provided without monetary compensation (income in-kind, in excess of the 1996 outside earned income limit of $20,040, is offset by 1996 donations to qualified charitable organizations in the amount of $126,782)	69,372
Trustee and Executor Commissions (commissions represent personal services provided to protect family resources, amounts not subject to outside earned income limit):	
L.H. Beer Trust 12/10/34	8,500
J.R. Houghton Trust 12/10/34	10,600
A.B. Houghton Trust 12/10/34	6,600
A. Houghton Jr. Trust 12/10/34	6,600
E.H. Weinberg Trust 12/10/34	7,700
A.S. Lassalle Trust 1/20/79	1,800
G.H. Lassalle Trust 11/21/78	2,600
H.D. Houghton Trust 12/22/61	6,600
R.P. Waters Trust 3/14/70	3,300
M.T. Mowbray Trust U/W G.B. Houghton	2,900
H.M. Carter Trust U/W G.B. Houghton	2,900
M.T. Mowbray Trust 4/18/46	600
B.H. Brakenridge Trust 4/18/46	600
B. Hollister Jr. Trust 4/18/46	600
P.H. Mowbray Trust U/W H.C. Hollister	2,100
B. Hollister Trust U/W H.C. Hollister	2,100
P.J. Allatt Jr. Trust 8/15/49	2,900
J.W. Hollister Trust U/W G.B. Houghton	2,200
B.H. Brakenridge Trust U/W G.B. Houghton	2,100
B. Hollister Jr. Trust U/W G.B. Houghton	2,100
H.M. Carter Trust 4/18/46	600
B.G. Ooten Trust 4/21/65	1,700
M.A. Keaton Trust 1/22/64	1,500
M.A. Keaton Trust 6/24/63	1,200
E.M. OeDell Trust 6/24/63	1,200
E. Houghton Trust 12/10/34	12,400
E.A. Ray Trust 12/10/34	10,800
E.H. Cole Trust 12/10/34	12,300

SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Debt Securities:					
Augusta National Inc. - building certificate - Series B	A		None	None	

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AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Equity Securities:					
Citicorp, N.A. - common stock	E		Dividend	III	
Corning Incorporated - common stock	I		Dividend	VII	T, Gift
Genentech Corporation - common stock	F		None	None	
IBM Corporation - common stock (sold in 1996)	None		Capital Gain Dividend	VII	S
StarSight Telecast - common stock, Palo Alto, CA	D		None	None	
Market Street Trust Company - common stock, Corning, NY	E		Dividend	IV	
Proctor & Gamble - common stock	D		Dividend	III	
NovaCare - common stock	E		None	None	
Sun Microsystems - common stock	D		None	None	
Fairview Medical Services Corporation - preferred stock, series A (sold in 1996)	None		None	None	S
U.S. Government Obligations:					
Savings bonds series E & EE	B		Interest	II	
Other:					
J.P. Morgan Delaware, Wilmington, DE	E		Interest	VI	
Chase Manhattan Bank, N.A., Corning, NY	D		Interest	II	
Citibank, N.A., New York, NY	B		Interest	I	
Corning Federal Credit Union, Corning, NY	B		Interest	I	
First National Bank of Boston, Quincy, MA	B		Interest	I	
76-78 East Market Street (investment property), Corning, NY	G		Rent	VII	
Congressional Federal Credit Union, Washington, DC	C		Interest	II	
Nations Bank, Washington, DC	B		Interest	I	
Hingham Institution for Savings, Hingham, MA	B		Interest	I	
Notes Receivable - RGD Consulting Group, Elmira, NY	B		Interest	I	
Notes Receivable - Nancy M. MacCaig, Corning, NY	B		Interest	I	
Newport Tiger Fund, mutual fund, San Francisco, CA	B		Dividend	I	
Twentieth Century Ultra Investors, mutual fund, Kansas City, MO	B		Dividend	II	
Harbor International Fund, equity mutual fund, Toledo, OH	B		Dividend	I	
Longleaf Partners Fund, mutual fund, Kansas City, MO	B		Dividend	II	P
Vanguard Index Trust, mutual fund, Philadelphia, PA	B		Dividend	I	P

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AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Partnerships.					
Acorn IV, a general partnership which is the sole limited partner in Whitehall LTD, a partnership holding a real estate investment in vacant land within Walnut Creek Industrial Park, Austin, TX (share - 20.00/19.60%**)	E	(2)	Partnership	IV	
Corning Associates II, managed by Aicre Realty, rental of office building, 41 State Street, Albany, NY (share - 50.00/5.50%)	E	(1)	Partnership	None	
Bradford Gordon 1990-3, limited partnership organized to acquire royalty, mineral or other nonoperating interests in natural gas properites primarily in Michigan (share - 3.17%)	B	(2)	Partnership	None	
Mutual Benefit Theatre Partners, L.P.III, a partnership formed to finance the live stage threatrical production and presentation of musical and dramatic plays selected and produced by The Really Useful Threatre Co., Inc., Newark, NJ (share - .70%)	C	(2)	Partnership	V	
Vinca Broadcasting L.P., liquidated during the year ended December 31, 1995 - partnership sole holding, Broad-casting Partners, Inc. was distributed in 1995	None	(2)	Partnership	None	
Corning Associates VC-1, investment in venture capital partnerships (share 19 61/ - %**):					
Business Development Capital Limited Partnership III, managed by the Foster Management Co., King of Prussia, PA, invested in HealthCare Capital and Valley Forge Dental, Inc.; items disposed of during the year ended December 31, 1996 - League Industries, Inc., Hearing Health Services, Inc., and HEAR, Ltd. (share - -/.17%**)	B	(2)	Partnership	V	

** Represents ownership % in both investment partnership/ownership in ultimate partnership, respectively

(1) Valuation method - original investment, plus/less any additional capital contributed/withdrawn since inception

(2) Valuation method - original investment, plus/less any additional capital contributed/withdrawn and income/loss since inception.

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AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Partnerships (Continued).					
Intersouth Partners, managed by Intersouth Associates, Research Triangle Park, NC, invested in Digital Recorders, Inc., IllumElex Corp., UOL Publishing, Inc. and Cardiovascular Diagnostics, Inc. (share - -/.78%)	C	(2)	Partnership	None	
Bradford Gordon 1992-2, limited partnership organized to acquire royalty, mineral or other non-operating interests in natural gas properties primarily in Michigan (share - 6.8%)	B	(2)	Partnership	None	
Manhattan Village Associates, liquidated during the year ended December 31, 1995 - partnership sold its investments in three appartment buildings located in Manhattan, NY	None	(2)	Partnership	None	S
Bradford Gorden 1996-1, limited partnership organized to acquire royalty, minerals or other non-operating interests in natural gas properties primarily in Michigan (share - 4.75%)	B	(2)	Partnership	None	P
Trusts:					
Market Street Equity Trust II (MSETII) - Delaware business trust - investments include: common stock of CUC International Inc., Intel Corp., Rentokil Group plc, Microsoft Corp., Coca Cola Co., Gillette Co., First Data Corp., Proctor & Gamble Co., Automatic Data Processing Inc., Cisco Systems Inc., Cognizant Corp., Pfizer Inc., Stryker Corp., Walt Disney Co., and Pierpont Money Market Fund (share - .24%)	C	(3)	Trust	V	P,S
MSETII holdings disposed of or exchanged during the year ended December 31, 1996 - Autodesk Inc., General Motors Corp., Pepsico Inc., McDonalds Corp. and Duracell International Inc.					

(2) See explanation at page 3 of 19.

(3) Valuation method - partner's share of market value of investments at December 31, 1996.

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SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Amory Houghton Jr. Trust U/W A.B. Houghton - (interest in income only)			Trust	VIII	
Holdings consist of:					
Trusts:					
Market Street Fixed Income Trust I - Delaware business trust - investments include: securities of Power Authority of the State of New York, City of Pawtucket - Rhode Island General Obligation, Commonwealth of Pennsylvania General Obligation, Colorado River Municipal Water District - Texas, York County Public Facilities Corp. - South Carolina, Prince Georges County Hospital - Maryland, Massachusetts Industrial Finance Agency, Clark County School District of Nevada, Cumberland County Improvement Authority of New Jersey, Maricopa County School District No. 4 of Arizona, Pennsylvania Higher Education, State of New Jersey, Cook County Community College - Illinois, State of Iowa Department of General Services and Department of Corrections, Northern Arizona University, Metropolitan Pier and Exposition Authority - Illinois, Bergen County Utilities Authority - New Jersey, Texas Water Development Board, Georgia State Housing and Finance Authority, Sacramento Municipal Utility District - California, Santa Ana Community Redevelopment Agency - California, State of Colorado, North Central Texas Health Facilities Development Corp., Texas Health Facilities Development Corp., Missouri State Environmental Improvement and Energy Resources Authority, Houston Independent School District - Texas, Nebraska Public Power District, Richland County - South Carolina, Geisinger Authority - Pennsylvania, Rhode Island Depositors Economic Protection Corp., Colorado Housing Finance Authority, Commonwealth of					

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AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Massachusetts, Fairfax County - Virginia, Fulton County School District - Georgia, Town of Enfield - Connecticut General Obligation, District of Columbia General Obligation, City of Chicago - Illinois, Massachusetts Bay Transportation Authority - Massachusetts, Massachusetts Water Resources Authority, Dallas County Flood Control District No. 1 - Texas, Santa Clara Valley Water District - California, Massachusetts Housing Finance Agency, New York State Medical Care Facilities Finance Agency, City of Miami - Florida, Chicago O'Hare International Airport - Illinois, Puerto Rico Public Building Authority, Western Municipal Power Agency - Minnesota, Wisconsin Health Facilities Authority - Wheaton Franciscan Services, Pennsylvania Higher Educational Facilities - University of Pennsylvania, Wisconsin Health and Educational Facilities - Viterbo College, City of Austin - Texas, Intermountain Power Agency - Utah, Cook County Illinois General Obligation, Regional Transportation Authority - Illinois, Florida State Board of Education, Georgia Municipal Electric Authority, Salt River Project Agricultural Improvement and Power District - Arizona, State of Nevada, King County School District No. 414, North Charleston Sewer District - South Carolina, Minnesota Housing Finance Agency, Traverse City Area Public Schools - Michigan, City of Los Angeles - California, Grant County Public Utility School, Sacramento County - California, City and County of San Francisco - California, U.S. Government Notes, Massachusetts Health and Educational Facilities - North Shore Medical Center Inc., Adams County School District No. 12, Wyoming Student Loan Corp., Big Stone Gap					

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SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Redevelopment and Housing Authority, Los Angeles State Building Authority, New York State Dormitory Authority, Orange County Local Transportation Authority, Wisconsin Health & Education Facilities - Memorial Hospital of Taylor County, Wisconsin Health & Educational Facilities - Holy Family Medical Center, Wisconsin Health & Educational Facilities - Home for the Aging, Oregon State Housing Community Services, Southern California Public Power Authority, Kentucky Turnpike Authority, State of California General Purpose, City of Dallas - Texas, City of Boston - Massachusetts, City of Pittsburgh - Pennsylvania, City of Jacksonville - Florida, Michigan Housing Development Authority - Rental, Virginia Housing Development Authority - Multifamily, Virginia Housing Development Authority - Commonwealth, Wisconsin Health & Educational Facilities - Lutheran Home of Oconomowoc, Round Rock Independent School District - Texas, Texas Public Finance Authority, New England Education Loan Marketing Corp. - Massachusetts, Jefferson County - Kentucky, Missouri Industrial Development Authority, Illinois Regional Transportation Authority, Illinois Housing Development Authority - Multifamily, Sauget Illinois Regional Waterwaste Treatment, Illinois Health Facilities Authority, North Slope Borough - Alaska, Tarrant County Health Facilities Development Corp. - Texas, Chatham County Hospital Authority - Georgia, Modesto Irrigation District Financing Authority - California, North Carolina Eastern Municipal Power Agency, Orlando Utilities Commission - Florida, Philadelphia Authority for Industrial Development					

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SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued): - Pennsylvania, Wisconsin Health & Educational Facilities - Milwaukee Regional Medical Center, Wisconsin Health Facilities Authority - Memorial Hospital and Oconomowoc, Austin Independent School District - Texas, Northeastern Pennsylvania Hospital and Education Authority, and Pierpont Money Market Fund (share - .18%)	E	(3)			
MSFIT I holdings disposed of during the year ended December 31, 1996 - securities of City of Anchorage - Alaska, University of Texas Board of Regents, Texas Municipal Power Agency, Las Vegas Valley Water District - Nevada, Bergen County Utilities Public Power Authority - Illinois, University of Michigan, Bergen County Utilities Public Power Authority, Allegheny County Hospital Development Authority - Pennsylvania, Missouri Health and Educational Facilities Authority, Washington Public Power Supply System, North Carolina Medical Care Commission Hospital, City of Detroit - Michigan, DeSoto Parish - Louisiana, Commonwealth of Pennsylvania, City of Berwyn - Illinois, City of Little Rock - Arkansas, Wisconsin Health and Educational Facilities - Beloit College, Wisconsin Health and Educational Facilities - Marian College, Wisconsin Health and Educational Facilities - Carthage College, Wisconsin Health and Educational Facilities - Norbert College, Wisconsin Health and Educational Facilities - Janesville, New Jersey Transportation Trust Fund, Los Angeles Department of Airports - California Airports, State of Connecticut, Lafayette Parish School Board - Los Angeles,					

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(3) See explanation at page 4 of 19.

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SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Lane County Area Education District - Oregon, and City of Philadelphia - Pennsylvania					
Market Street New York Municipal Bond Trust - Delaware business trust - investments include: municipal bonds of Niagara Falls Bridge Commission - New York, Municipal Assistance Corp. for the City of New York - New York, New York State Dormitory Authority, New York State Thruway Authority, Metropolitan Transportation Authority - New York, New York State Water Revolving Fund New York City Municipal Water, Power Authority of the State of New York, New York City Municipal Water Finance Authority - New York, Triborough Bridge and Tunnel Authority - New York, New York State Mortgage Agency, New York State Local Government Assistance Corp., New York State Environmental Facilities Corp., State of New York, and Pierpont Money Market Fund (share - 5.73%)	G	(3)			
Market Street New York Municipal Bond Trust holdings disposed of during the year ended December 31, 1996 - municipal bonds of Nyack Union Free School District - New York, New York State Unlimited Tax, and New York State Mortgage Agency - Homeowner Mortgage 27th					
Market Street Equity Trust I - Delaware business trust - investments include: Netscape Communications Corp., Fore Systems Inc., Cellpro Inc., Cygnus Inc., Parametric Technology Corp., Sequus Pharmeceuticals Inc., Ascend Communications Inc., Avant Corp., Premisys Communications Inc., Advanced Fibre Communications,					

(3) See explanation at page 4 of 19.

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ETHICS IN GOVERNMENT ACT - 1996 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Cascade Communications Corp., Ergo Science Corp., Pure Atria Corp., TCSI Corp., Xylan Corp, and Pierpont Money Market Fund (share - 2.89%)	F	(3)			
Market Street Equity Trust I holdings disposed during the year ended December 31, 1996 - Chiron Corp., PSINet Inc., Atria Software Inc., Synopsys Inc., Walker Interactive Systems Inc., Stratacom Inc., Tivoli Systems Inc., and Videoserver Inc.					
Market Street Equity Trust III - Delaware business trust - investments include: American International Group Inc., Federal National Mortgage Association, General RE Corp., J.P. Morgan & Co. Inc., Airtouch Communications Inc., Amgen Inc., Security Capital Industrial Trust, Security Capital Pacific Trust, Gannett Co., Genetics Institute Inc., Washington Post Co., Ford Motor Co., Intel Corp., Unocal Corp., Cousins Properties Inc., Gryphon Holdings Inc., Avatar Holdings Inc., Beazer Homes USA Inc., Noel Group Inc., Genentech Inc., Reynolds & Reynolds Co., Partner RE Holdings Ltd., Time Warner Inc., General Electric Co., SmithKline Beecham plc, ACE Ltd., E.I. DuPont De Nemours & Co., General Mills Inc., News Corp. Ltd, Vanguard Cellular Systems Inc. Enron Oil & Gas Co., Enserch Corp., Seagull Energy Corp., Wells Fargo & Co., Crescent Real Estate Equities Trust, Milwaukee Land Co., Genzyme Corp., International Business Machines Corp., Komag Inc., and Pierpont Money Market Fund (share 1.37%)	D	(3)			

(3) See explanation at page 4 of 19.

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SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Market Street Equity Trust III holdings disposed during the year ended December 31, 1996 - Bankers Trust New York Corp., Unum Corp., Newmont Mining Corp., Sante Fe Energy Resources Inc., Tosco Corp., Santa Fe Pacific Gold Corp., Tenet Healthcare Corp., Lam Research Corp., Cellular Communications Inc., and AK Steel Holding Corp.					
Market Street Venture Trust I - Delaware business trust - investments include: Pierpont Money Market Fund, Market Street Fixed Income Trust I (see holdings listed above - share .90%), Paul Capital Partners Venture Limited Partnership (investments in portfolio companies at September 30, 1996 including: Fuel Tech, Kentek Information Systems, Inc., Metricom, Inc., Vestro Natural Foods, Advent Industrial Holdings Ltd., EDAP International SA, Evans Rents, Far West Federal Bank, S.B., Home Diagnostics, Inc., Internet Systems Corporation, Magni Systems Inc., Microsource, Inc., Microwave Technologies, Inc., NetSolve, Inc., Orgenics, Senri Electronics (s) Pte. Ltd., Sherpa Systems Corporation, Visual Edge Technology, Voysys, and Wembley Rubber Product), Ashford Capital Partners Limited Partnership (investments in portfolio companies including: International Speedway Corp., Amerco, Central Packing Co., Aaron Rents, Inc., Ambassadors International Inc., American Software Inc., Autoinfo Inc., CMG Information Services Inc., Datawatch Corp., HCIA Inc., Harbinger Corp., JTS Corp., NFO Research Inc., Norrell Corp., Systemsoft Corp., Davel Communications Group, Apple South Inc., Rare Hospitality International Inc., Kaiser Ventures Inc., Actel Corp., Aetrium Inc., American Power Conversion Corp., Checkmate					

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SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued)					
Electronics Inc., Computer Products Inc., Fusion Systems Corp., Kronos Inc., Littlefuse Inc., Sheldahl Co., Triad Systems Corp., Vitesse Semiconductor Co., Miller Industrial Inc., Emcare Holdings, Inc., First Enterprise Financial Group, Sirrom Capital Corp., American Coin Merchandising, Triangle Pacific Corp. Del., Conceptus Inc., Inhale Therapeutics System, Resprionics Inc., Target Therapeutics Inc., Theragencis Corp., Advanta Corp., Litchfield Financial Group, Olympic Financial Ltd., United Companies Financial Corp., Newpark Resource Inc., Parrallel Pete Corp. Del., Daily Journal Corp., Cousins Properties Inc., Wespoint Stevens Inc., Richardson Electronics Ltd., BHI Corp., Astra AB Series, Biotechnology Inv., Harry's Farmers Market Inc., Sepracor Corp., and Rodney Square Market), and Boston Capital Ventures III Limited Partnership (investments in portfolio companies including: American Auto Funding Corp. - Chicago, IL, Child Health Systems, Inc. - Westwood, MA, The Cornerstone Group Inc. - Boston, MA, Exa Corp. - Lexington, MA, Revelation Technologies, Inc. - Cambridge, MA, Advertising Communications International, Inc. - Cambridge, MA, Brooks Fiber Properties, Inc. - St. Louis, MO, Healthcare First, Inc. - Upper Newton Falls, MA, ILEX Oncology, Inc. - San Antonio, TX, Sensitech Inc. - Beverly, MA, Uni-Site, Inc. - Richardson, TX , SCC Communications, Inc. - Boulder, CO, Breeze Acquisition Corp. - Newport, RI, Continuity Marketing Corp. - Wilton, CT, ConXus Communication Inc. - Greenville, SC, FreeMark Communications, Inc. - Cambridge, MA, GRASP Information Corp. - Cambridge, MA, Intellon Corp. -					

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	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Ocala, FL, MedSpan, Inc. - Hartford, CT, Olympus Healthcare Group, Inc. - Westborough, MA, Omnia, Inc. - Blue Bell, PA, Teletrac, Inc. - Leawood, KS, Vertex Technologies, Inc. - Cincinnati, OH, and World Net Access, Inc. - Englewood, CO) (share 3.64%)	E	(3)			
Market Street Venture Trust II - Delaware business trust - investments include: Pierpont Money Market Fund, Market Street Fixed Income Trust I (see holdings listed above - share .53%), Blue Rock Capital Limited Partnership (investments in portfolio companies including: Momentum Partners, Inc., The Edison Project, L.P., Inc., Sarnoff Digital Communications and Sovereign Hill Software, Inc.), and Oxford Bioscience Partners II Limited Partnership (investments in portfolio companies including: Cardiopulmonary, Ceres, and Guidestar Health Systems) (share 2.89%)	C	(3)			
Partnerships:					
Corning Associates VC-3, investment in venture capital partnership (share - 3.55% /.046%**): Abbingdon Venture Partners LP-III, managed by the Foster Management Co., King of Prussia, PA; organized to invest in companies primarily in the health services industry	C	(2)			
Real Estate.					
Residence (occupied by the Congressman), Washington, DC	H				
Other:					
Corning Incorporated - common stock	I				
Demand notes receivable from Amory Houghton Jr.	F				

** See explanation at page 3 of 19.

(2) See explanation at page 3 of 19.

(3) See explanation at page 4 of 19.

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	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Mortgage receivable from Amory Houghton III	H				
Principal cash - interest bearing (J.P. Morgan Delaware)	B				
Income cash - interest bearing (J.P. Morgan Delaware)	B				
Other cash - interest bearing (Goldman Sachs & Co.)	None				
Other cash - interest bearing (J.P. Morgan Delaware)	H				
Harbor International Fund - equity mutual fund, Toledo, OH	E				
Grantham, Mayo, Van Otterloo & Co. (GMO) Emerging Markets Fund - mutual fund, Boston, MA	D				
GMO International Core Fund - mutual fund, Boston, MA	E				
GMO International Small Companies Fund - mutual fund, Boston, MA	B				
Morgan Stanley Emerging Markets Portfolio - mutual fund, Chicago, IL	F				
Newport Tiger Fund - mutual fund, San Francisco, CA	D				
Longleaf Partners Fund - mutual fund, Kansas City, MO	D				
Brandywine Fund - mutual fund, Milwaukee, WI	C				
Vanguard Extended Market Portfolio - mutual fund, Philadelphia, PA	D				
Dividend receivable, Morgan Stanley Emerging Markets Portfolio - mutual fund	B				
Dividend receivable, Harbor International Fund - equity mutual fund	B				
Amory Houghton Jr. Trust 12/10/34 - (interest in income and limited principal)			Trust	V	
Holdings consist of:					
Trusts (see holdings listed above):					
Market Street Fixed Income Trust I (share - .64%)	G	(3)			
Market Street New York Municipal Bond Trust (share - 7.01%)	G	(3)			
Market Street Equity Trust II (share - .71%)	E	(3)			

(3) See explanation at page 4 of 19.

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SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Market street Equity Trust III (share - 6.22%)	F	(3)			
Market Street Equity Trust I (share - 1.31%)	E	(3)			
Market Street Venture Trust I (share - 1.62%)	D	(3)			
Market Street Venture Trust II (share - 2.58%)	C	(3)			
Partnership (see holdings listed above):					
Corning Associates VC-3 (share - 1.58%/.02%**)	C	(2)			
Other:					
Corning Incorporated - common stock	I				
Mortgage receivable from Katherine Q. Houghton	E				
Principal cash - interest bearing (J.P. Morgan Delaware)	B				
Income cash - interest bearing (J.P. Morgan Delaware)	B				
Other cash - interest bearing (Goldman Sachs & Co.)	None				
Other cash - interest bearing (J.P. Morgan Delaware)	H				
Harbor International Fund - equity mutual fund, Toledo, OH	E				
Grantham, Mayo, Van Otterloo & Co. (GMO) Emerging Markets Fund - mutual fund, Boston, MA	C				
GMO International Core Fund - mutual fund, Boston, MA	E				
GMO International Small Companies Fund - mutual fund, Boston, MA	B				
Morgan Stanley Emerging Markets Portfolio - mutual fund, Chicago, IL	F				
Newport Tiger Fund - mutual fund, San Francisco, CA	D				
Brandywine Fund - mutual fund, Milwaukee, WI	C				
Longleaf Partners Fund - mutual fund, Kansas City, MO	D				

** See explanation at page 3 of 19.

(2) See explanation at page 3 of 19.

(3) See explanation at page 4 of 19.

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SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Vanguard Extended Market Portfolio - mutual fund, Philadelphia, PA	D				
Dividend receivable, Morgan Stanley Emerging Markets Portfolio - mutual fund	B				
Dividend receivable, Harbor International Fund - equity mutual fund	B				
Elizabeth Houghton Trust 12/10/34 - (interest in 1/15 income only)			Trust	VI	
Holdings consist of:					
Trusts (see holdings listed above):					
Market Street Fixed Income Trust I (share - .66%)	G	(3)			
Market Street Equity Trust I (share - .52%)	D	(3)			
Market street Equity Trust II (share - .25%)	D	(3)			
Market Street Equity Trust III (share - .26%)	C	(3)			
Market Street Venture Trust I (share - .65%)	C	(3)			
Market Street Venture Trust II (share - .52%)	B	(3)			
Partnership (see holdings listed above):					
Corning Associates VC-3 (share - .629%/.008%**)	B	(2)			
Other:					
Corning Incorporated - common stock	H				
Principal cash - interest bearing (J.P. Morgan Delaware)	B				
Income cash - interest bearing (J.P. Morgan Delaware)	A				
Other cash - interest bearing (Goldman Sachs & Co.)	None				
Other cash - interest bearing (J.P. Morgan Delaware)	F				
Harbor International Fund - equity mutual fund, Toledo, OH,	C				
Grantham, Mayo, Van Otterloo & Co. (GMO) Emerging Markets Fund - mutual fund, Boston, MA	B				

** See explanation at page 3 of 19.

(2) See explanation at page 3 of 19.

(3) See explanation at page 4 of 19.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1996 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
GMO International Core Fund - mutual fund, Boston, MA	C				
GMO International Small Companies Fund - mutual fund, Boston, MA	B				
Morgan Stanley Emerging Markets Portfolio - mutual fund, Chicago, IL	D				
Newport Tiger Fund - mutual fund, San Francisco, CA	C				
Brandywine Fund - mutual fund, Milwaukee, WI	B				
Longleaf Partners Fund - mutual fund, Kansas City, MO	B				
Vanguard Extended Market Portfolio - mutual fund, Philadelphia, PA	C				
John C Dewey Jr Trust - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	VI	
Holdings consist of:					
Common stock:					
Abbott Labs	D				
American Home Products Corp.	D				
Amp Inc.	C				
Atlantic Richfield Co.	C				
Bellsouth Corp.	C				
Chevron Corp.	D				
Coca Cola Co.	E				
CPC International Inc.	C				
FPL Group Inc.	D				
General Electric Co.	E				
Hewlett Packard Co.	C				
Imation Corp.	B				
International Flavors & Fragrances Inc.	B				
MBIA Inc.	C				
Minnesota Mining and Manufacturing Co.	D				
National City Corp.	D				
New England Electric	C				
Reuters Holding plc	D				
Schering Plough Corp.	D				
Thermo Electron Corp.	B				
York International Corp.	C				
U.S. Government Obligations:					
Treasury notes	B				

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1996 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Other:					
Federated Government Tax Managed Fund, Pittsburgh, PA	B				
Talbot Dewey Trust 11/12/80 - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	III	
Holdings consist of:					
Common stock:					
American International Group	B				
American Home Products Corp.	C				
Automatic Data Processing Inc.	B				
Exxon Corp.	C				
FPL Group Inc.	B				
Imation Corp.	A				
Intel Corp.	B				
Interpublic Group Consulting Inc.	B				
Minnesota Mining and Manufacturing Co.	C				
Premier Industrial Corp. (sold in 1996)	None				
Sherwin Williams Co.	B				
Wachovia Corporation	B				
U.S. Government Obligations:					
Treasury notes (matured in 1996)	None				
Other:					
Federated Government Tax Managed Fund, Pittsburgh, PA	C				

SCHEDULE IV - TRANSACTIONS

Identification of Asset	Transaction Type	Date	Amount of Transaction
Corning Incorporated - common stock	Transfer (4)	2/27/96	F
	Gift (5)	12/18/96	D
IBM Corporation - common stock	Sale	11/14/96	E
Fairview Medical Services Corporation - preferred stock, Series A	Sale	5/14/96	D
Longleaf Partners Fund - mutual fund	Purchase	4/2/96, 12/27/96	B
Vanguard Index Trust - mutual fund	Purchase	4/1/96, 12/20/96	B
Bradford Gordon 1996- 1 - limited partnership	Purchase	3/4/96	B

(4) Transfer from Amory Houghton Jr. Trust 12/10/34.

(5) Gifts to qualified charitable organizations.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1996 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE IV - TRANSACTIONS

Market Street Equity Trust (MSET II) - During 1996, the trust sold an equity investment in Autodesk Inc. (category G), Duracell International Inc. (category G), Gillette Co. (category G), Intel Corp. (category G), Coca Cola Co. (category G), McDonalds Corp. (category H), Pepsico Inc. (category H), Electronic Data Systems (category H), purchased equity investments in Cisco Systems Inc. (category H), Cognizant Corp. (cateogry H), Walt Disney Co. (category H), Pfizer Inc. (category H), Rentokil Group plc (category G), Stryker Corp. (category H) and exchanged equity investment in General Motors Corp. (category H) for Electronic Data Systems (category H). No other reportable transactions given the marginal personal investment in MSET II is less than 1/4 of 1% and the Congressman's direct interest in various other purchases or sales was below the $1,000 reporting threshold.

Manhattan Village Associates - During 1995, the partnership sold its investment in three apartment buildings (category B).

SCHEDULE V - LIABILITIES

Creditor	Type of Liability	Category
Amory Houghton Jr. Trust U/W A.B. Houghton	Notes Payable	F
Chase Manhattan Bank N.A., Corning, NY	Notes Payable on 76-78 East Market Street investment property	F

SCHEDULE VIII - POSITIONS

Non-Profit Affiliations:
- The Meadows Charitable Trust - Trustee
- The Houghton Foundation - Trustee
- The Washington Cathedral Chapter - Inactive Trustee
- Corning Chamber of Commerce - Member
- Corning Museum of Glass - Vice President and Trustee

Director:
- Market Street Trust Company

Congressman Houghton is also a limited partner in each of the partnerships previously listed in Parts II and III with the exception of Acorn IV where he serves as a general partner.

SCHEDULE IX - AGREEMENTS

Date	Parties to	Terms of Agreement
2/87	Retired employee of Corning Incorporated and beneficiary of certain Company retirement pension and health plans	Benefits received in accordance with normal plan provisions (monthly).
2/87	Corning Incorporated (former employer)	Transportation benefits - any retired employee (or immediate family member) is permitted to travel on the Company plane subject to space availability and without charge. For income tax purposes only, income is imputed to the retiree based upon the prevailing commercial airline value of the trip and reported by the Company on federal Form-1099 MISC if in excess of $600. Congressman Houghton may also elect to reimburse Corning Incorporated, based on the prevailing commercial airline value of the trip, for use of the Company plane.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers and employees

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(Office Use Only)

STENY HAMILTON HOYER
(Full Name)

1705 LONGWORTH HOB, WASHINGTON, D.C. 20515
(Mailing Address)

202-225-4131
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives — State: MD — District: 5th — ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS– Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
5/15/97

STENY HAMILTON HOYER Name	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6 000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	JUDITH P. HOYER - Prince George's Co. Board of Education	Spouse Salary	N/A
	Law Office - Steny H. Hoyer (attributable pre-1991)	Legal fees for services rendered prior to 12/31/90	$ 5,000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name STENY HAMILTON HOYER | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 - $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 - $15,000	VI $15,001 – $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P S E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Keogh-Legg Mason					X													NA										
JT	MASS CASH MGMT	X													X				X										
	MARYLAND STATE RETIREMENT		X																NA										
SP	P.G. CO. BRD OF EDUCATION	UNKNOWN																											
SP	IRA - LEGG MASON		X																NA										
JT	LEGG MASON				X										X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STENY HAMILTON HOYER

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 - $5,000,000	Over $5,000,000	
JT	Ruth N. Bolton, Randall Chapman Mitchellville, Maryland			X											X							X							S

This page may be copied if more space is required.

Name STENY HAMILTON HOYER	Page 5 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
Nat. Assoc Home Builders		1/29/96	Wash,DC-Houston-Wash,DC	N	N	N	N
Nat.Cable TV Assoc		4/27-29/96	Wash,DC-Los Ang-Wash,DC	Y	Y	N	N
Norman Rales		12/23-29/96	Wash,DC-Tampa-Wash,DC	N	N	Y	NA
(A waiver was granted by the Committee on December 11, 1996 for this flight).							

This page may be copied if more space is required.

Name STENY HAMILTON HOYER | Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director trustee of an organization partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Member	Univ of Md. Chancellor's Advisory Council
Member	Univ of Md. School of Public Affairs, Brd of Visitors
Member	St. Mary's College President's Advisory Council
Member	Baltimore Council of Foreign Affairs
Member	Naval Academy Board of Visitors

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to. future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

146

STENY H. HOYER
5TH DISTRICT, MARYLAND

CO-CHAIR
DEMOCRATIC STEERING COMMITTEE

COMMISSION ON SECURITY AND
COOPERATION IN EUROPE

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House of Representatives
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APPROPRIATIONS COMMITTEE

TREASURY, POSTAL SERVICE,
GENERAL GOVERNMENT

LABOR,
HEALTH AND HUMAN SERVICES,
EDUCATION

HOUSE OVERSIGHT COMMITTEE

✓
MC

May 15, 1997

①

Committee on Standards of Official Conduct
HT-2 The Capitol
Washington, D.C. 20515

To Whom It May Concern:

The purpose of this letter is to amend my Financial Disclosure Statement filed on May 15, 1996. In preparing the Financial Disclosure Statement for calendar year 1996 I have discovered that I had inadvertently omitted the following under Schedule III - Assets and "Unearned" Income:

Block A	Block B	Block C	Block D	Block E
JT Legg Mason	Category C	Interest	Category 1	P

I would appreciate the Committee's amending my 1995 Financial Disclosure Statement to reflect the same.

Sincerely yours,

STENY H. HOYER

O - 106 Cannon (4)

97 MAY 15 PM 2:35

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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Kenny Charles Hulshof
(Full Name)

1411 Bouchelle Ave
Columbia MO 65201
(Mailing Address)

Daytime Telephone
573/874-1682

Filer Status ☒ Member of the U S House of Representatives — State MO — District 09 — ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1 000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Kenny C Hulshof

DATE (Month/Day/Year): May 15, 1997

Name Kenny Charles Hulshof | **Page** 2 **of** 4

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Missouri	Legal Fees	30,233
	Camden County, Missouri	Legal Fees	720
	Howell County, Missouri	Legal Fees	1674
	Vangel Associates	Spouse Salary	n/a

For payments to charity in lieu of honoraria, use Schedule II.

Name Kenny Charles Hulshof | **Page** 3 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP, DC, JT	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None "	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
Examples	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	MO State Employees Retirement System (MOSERS)	$1,001 - $15,000	Dividends	NA	
SP	Twentieth Century Investment	$1,001 - $15,000	Dividends	NA	
	Boatmen's Bank, Columbia, MO Accounts	$1,001 - $15,000	Interest	$201 - $1,000	

Name Kenny Charles Hulshof	**Page** 4 of 4

SCHEDULE V -- LIABILITIES

Report liabilities of over $10 000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Mark the highest amount owed during the year **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, or the child, parent or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see instructions pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St Dover, Del	$100 001 - $250 000
	First USA Visa	Charge Account	$15 001 - $50 000

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

DUNCAN LEE HUNTER
(Full Name)

2265 Rayburn HOB
Washington, DC 20515
(Mailing Address)

Daytime Telephone (202) 225-5672

Filer Status ☒ Member of the U.S. House of Representatives State ____ District ____ ☐ Officer or Employee Employing Office ____

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e. aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Duncan Lee Hunter

DATE (Month/Day/Year) 5/14/97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DUNCAN LEE HUNTER

Page 2 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
	123 Main St Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	House, Walney Rd, Chantilly, Va						X							X									X						
JT	Stable & Barn, Chantilly, VA			X									NONE						X										
	Cabin, Blue Ridge Mtns, Warren County VA			X										X								X							
	27 Acres, Warren County, VA			X									NONE						X										
JT	5/8 Acre Lot, Riverside, CA			X									NONE						X										
	Cabin #2, Blue Ridge Mtns, Warren County VA			X									NONE						X										

For additional assets and unearned income, use next page.

Name DUNCAN LEE HUNTER

Page 3 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25 000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	x			10–12–96		x								
	Built Log Cabin with Partners, Blue Ridge Mtns		N/A		6/96		N/A								
	Warren Cty, VA														
JT	Key Corp Mortgage, Albany, NY TAKEN OVER BY														
	Nations Bank, Industry City, CA on Mortgage				1996		NONE								
	for Chantilly, VA House														

This page may be copied if more space is required.

Name	DUNCAN LEE HUNTER	Page 4 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St Dover, Del				x						
JT	Congressional Federal Credit Union, Wash DC	Personal Loan	X									
JT	Nations Bank, Industry City, CA	Mortgage/Chantilly, Va House				X						
	I. Moskey, Alexandria, VA	Loan-Blue Ridge Mtn Acreage		X								
JT	Bank of Coronado, Coronado, CA	Personal Loan	X									
JT	Valley de Oro Bank, El Cajon, CA	Personal Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see Instructions, pages 22–24

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name DUNCAN LEE HUNTER

Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
JT	AT&T Credit Card	Revolving Credit Card	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name DUNCAN LEE HUNTER	Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. § 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Safari Club Int'l	Jan 26-28	San Diego-Reno-San Diego	Y	Y	Y	2 days

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Name DUNCAN LEE HUNTER | Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Co-Chairman	National Security Caucus
Board Member	American Conservative Union
Partner	Built log cabin with Pete Geren and Al Tierney in Blue Ridge Mtns, VA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

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HOUSE OF REPRESENTATIVES

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(Office Use Only)

William Asa Hutchinson
(Full Name)

1108 Adelaide Avenue
Fort Smith AR 72901
(Mailing Address)

Daytime Telephone: (202)225-4301

Filer Status	☒ Member of the U S House of Representatives	State AR District 03	☐ Officer or Employee	Employing Office	
Report Type	☒ Annual (May 15)		☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: A Hutchinson

DATE (Month/Day/Year): 5/15/97

Name William Asa Hutchinson | **Page** 1 **of** 4

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Karr & Hutchinson Law Firm	Hutchinson Gross Attorney Fees	$131,848 00
	Fort Smith, AR	Net Income	$ 60,631 00
	*The specific client fees are not enumerated because the information is privileged under law		
	Fort Smith Public Schools	Spouse Salary - Substitute Teacher	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name William Asa Hutchinson **Page** 2 **of** 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Asa Hutchinson Legal Practice-Fees earned but not received as of 12/31/96	$15,001 - $50,000	Fees	NA	
	National Travelers Life Insurance - Annuity Fund	$1,001 - $15,000	Interest	$201 - $1,000	
JT	First National Bank, Ft. Smith, IRA & Checking	$1,001 - $15,000	Interest	None - $200	
	City National Bank, Ft. Smith, Checking	None - $1,000	Interest	None - $200	
	Merchants National Bank, Ft. Smith, Savings	None - $1,000	Interest	None - $200	
	Hutchinson for Senate '86 Loan Receivable-No Interest	$50,001 - $100,000		None - $200	

Name William Asa Hutchinson | **Page** 3 **of** 4

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
	City National Bank, Ft Smith, AR	Promissory Note	$15,001 - $50,000
	First National Bank, Ft. Smith, AR	Promissory Note - Personal	$15,001 - $50,000
	MBNA, Wilmington, Delaware	Personal Loans	$15,001 - $50,000
	American Express		$10,001 - $15,000
	First National Bank, Ft. Smith, AR	Promissory Note-Business	$10,001 - $15,000

Name William Asa Hutchinson | **Page** 4 of 4

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
12/31/96	Charles Karr	Agreement on Termination of Hutchinson & Karr Partnership regarding payout for legal fees earned but not collected before termination

(4)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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HOUSE OF REPRESENTATIVES

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Henry J. Hyde
(Full Name)

House of Representatives
Washington, D.C. 20515
(Mailing Address)

202-225-4561
Daytime Telephone

Filer Status ☒ Member of the U S House of Representatives State Illinois District 6 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A **$200 *penalty*** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☒ No ☐

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V Did you, your spouse or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Henry J. Hyde

DATE (Month/Day/Year) 5-15-97

Name Henry J. Hyde

Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Illinois General Assembly Retirement, Springfield, Il	Legislative pension	6,095.04

For payments to charity in lieu of honoraria, use Schedule II.

Name Henry J. Hyde

Page 3 of 4

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	Coleman/Bartlett Washington Focus Lake Forest, Illinois	speech	5-1-96	$2000
	Coleman/Bartlett Washington Focus Lake Forest, Illinois	speech	6-5-96	$2000
	Plastic and Reconstructive Surgeons Arlington Heights, Illinois	speech	6-27-96	$1000
	Washington Discussion Group Washington, D.C.	speech	7-15-96	$2000
	All State Insurance Northbrook, Illinois	speech	7-15-96	$2000
	The Security Network Schuamburg, Illinois	speech	12-11-96	$2000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Henry J. Hyde

Page 4 of 4

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	**Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											**Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.						**Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										**Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP,	*Examples:* SP Mega Corp. Stock				X								X							X									P
DC,	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Congressional Federal Credit				X										X							X							
	Union, Washington, D.C.																												
	White House Federal Credit			X											X				N.A. IRA										
	Union (IRA), Washington D.C.																												

For additional assets and unearned income, use next page.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

Robert Durden Inglis
(Full Name)

15 Ben Street
Greenville, South Carolina 29601
(Mailing Address)

Daytime Telephone 202/225-6030

Filer Status: ☒ Member of the U S House of Representatives State SC District 04 ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other 'excepted trusts' need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Robert D. Inglis

DATE (Month/Day/Year) May 15, 1997

Name Robert D. Inglis

Page 1 **of** 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	1st Union Bank of SC (Individual Retirement Acct holding the following assets):			X																									
	Aim Value (Class B)		X																				NA						
	Aim Global Utilities Fund B (frmrly Aim Utilities Fund-Class B)		X																				NA						
	Van Kampen American Capital Equity Income Fund (Class B)		X																				NA						
	GT Growth & Income Fund (Class B)		X																				NA						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert D. Inglis

Page 2 **of** 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	Carolina First Bank Savings Account (No 2010014803)		x												x				x										
	Carolina First Bank Invstmnt Checkn (No 1017235467)		x												x				x										

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Name Robert D. Inglis

Page 3 of 3

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Milliken and Company		July 15	Spbg-SC/Bostic-NC/Union-SC/Blacksburg-SC/Spbg-SC	N	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Ernest James Istook, Jr. (Full Name)

6113 Inland
Warr Acres, OK 73132 (Mailing Address)

Home: (405) 722-3366
Ok. ofc.: (405) 942-3636
D.C. ofc: (202) 225-2132
Daytime Telephone

Filer Status: ☒ Member of the U S House of Representatives — State Oklahoma District 5th — ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech appearance or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL Ernest J. Istook Jr.

DATE (Month/Day/Year) May 15, 1997

/STOOK, Ernest James, Jr.
Name

Page 2 **of** 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
CHC Payroll Agent, Inc (Presbyterian Hospital), 700 NE 13th, OKC, OK 73104	Spouse Salary - Registered Nurse	N/A

For payments to charity in lieu of honoraria, use Schedule II.

ISTOOK, Ernest James, Jr.
Name

Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples: SP	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del.							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		Office Furnishings & Equipment from Former Law office 5400 N. Grand, Oklahoma City, OK, & in storage		X																X										
		Istook & Associates, P.C. stock (being dissolved)		X																X										
JT		First Fidelity Bank (formerly known as Community Bank), Warr Acres, OK		X																X										
JT		Home - 6113 Inland Rd., Warr Acres, OK					X													X										
		IRA Account - Scudder Japan Fund, Inc. Boston, MA	X														X			X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

ISTOOK, Ernest James, Jr.
Name

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	The following holdings are via self-directed retirement plan of Istook & Associates, P.C.:																												
	Liberty National Bank (account) Oklahoma City, OK			X											X					X									
	Judy McKinney Prom. Note & Mtg. - Bethany, OK			X											X				X										
	Ron, Pam, Aaron & Julie Keeling Prom. Note & Mtg. - Chandler & Depew, OK			X											X				X										
	Ernest & Judy Istook Prom. Note & Mtg - Warr Acres, OK				X										X				X										

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ISTOOK, Ernest James, Jr.
Name

Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.				x						
	MBNA America Wilmington, DE	Revolving Account		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see Instructions, pages 22–24

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

ISTOOK, Ernest James, Jr. Name	Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
President & Director	Istook & Associates, P.C., Oklahoma City, OK

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mar)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 1:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

⑨

Jesse L. Jackson, Jr. (Full Name)

2559 East 72nd Street
Chicago, Illinois 60649 (Mailing Address)

(202) 225-0773 (Daytime Telephone)

HAND DELIVERED
MC
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives State ____ District ____	☐ Officer or Employee	Employing Office: ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/13/97

Name Jesse L. Jackson, Jr.

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary	$129,518.00
	(Spouse-Sandra Jackson) Clinton - Gore Campaign	Salary	
	(Spouse-Sandra Jackson) Presidential Inaugural Committee	Salary	

For payments to charity in lieu of honoraria, use Schedule II.

Name Jesse L. Jackson Jr.

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jesse L. Jackson, Jr.

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del.							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	MFS Research Fund - B			X									X			X					X								
	MFS Total Return - B			X									X			X						X							
	Putnam Diversified Income - B			X									X								X								
	Putnam Equity Income - B		X										X							X									
	Putnam Growth & Income - B			X									X			X					X								
	Putnam Growth & Income II - B			X									X			X						X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jesse L. Jackson, Jr.

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Putanm Money Market - B			X									X						X										P
	Putnam Municipal Income - B			X									X								X								
	Putnam New Opportunities - B		X													X			X										P
	Putnam New Value Fund - B		X										X			X			X										P
	Putnam Tax Free High Yield - B			X									X								X								
	Putnam Tax Free Insured - B			X									X			X					X								
	Putnam Voyager Fund - B		X													X				X									P
	Putnam Capital Appreciation (sep ira)			X											NA						NA								
	Putnam Asset Allocation (sep ira)				X										NA						NA								
SP	American FUnds ICA (ira) - A			X											NA						NA								
SP	Putnam Asset Allocation (sep ira)		X												NA						NA								
SP	John Hancock Special Equities	X													NA						NA								
	Rental Apartment				X									X									X						

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SCHEDULE IV — TRANSACTIONS

Name Jesse L. Jackson, Jr.

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Putnam Money Market	X			12-9-96		X								
	Putnam New Value Fund			X	12-10-96	X									
	Putnam Voyager Fund			X	12-10-96	X									
	Putnam Money Market			X	12-10-96	X									
	Putnam New Opportunities	X			12-6-96	X									
	Putnam New Value Fund	X			12-6-96	X									
	Putnam Voyager	X			12-6-96	X									
	Putnam Capital Appreciation - (SEP)	X			08-16-96	X									
	Putnam New Opportunities			X	12-10-96	X									

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Name Jesse L. Jackson, Jr. | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Jesse L. Jackson, Jr.

Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Turner Broadcasting System		Jan. 28-29	Chicago-Atlanta-WDC	Y	N	N	N
Laborers International Union		April 2-3	Chicago-San Antonio-Chicago	Y	Y	N	N
Detroit NAACP		April 28-29	Chicago-Detroit-Chicago (drove self)	Y	N	N	N
World Jewish Congress		May 20	Chicago-N.Y.-D.C.	N	N	N	N
ACORN		June 30	Chicago-St. Louis-Chicago	N	N	N	N
Olivet Institutional Baptist		Nov. 17	Chicago-Cleveland-WDC	N	N	N	N

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Name Jesse L. Jackson, Jr.	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

(9)

97 MAY 15 PM 1:59
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

William Jennings Jefferson (Full Name)

240 Cannon House Office Building (Mailing Address) (202) 225-6636 (Daytime Telephone)

Washington, DC 20515

Filer Status: ☒ Member of the U S House of Representatives State: LA District: 02 ☐ Officer or Employee Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 05/15/97

Name William J. Jefferson

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	The A Group, Inc.	Spouse Salary	

For payments to charity in lieu of honoraria, use Schedule II.

Name William J. Jefferson

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	Essence Magazine			
	(contribution to Stan Scott Cancer Center,	Speech	07/96	500.00
	LSU Medical School)			

This page may be copied if more space is required.

Name William J. Jefferson

Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples	SP	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		Residential Rental Property Rt 3 Box 26 Lake Providence LA			X										X					X										
		Farmland - 40 Acres Rt 3 Box 26 Lake Providence LA				X									X							X								
		Farmland - 50 Acres Rt 3 Box 26 Lake Providence LA		X											X					X										
		Jefferson Bryan Jupiter, et al (shares in legal corp.)						X								X								X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Jefferson

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Jefferson for Mayor Campaign Committee, Loan Receivable					X													X										
	Jefferson Interests Loan Receivable						X												X										

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Name William J. Jefferson

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	None														

This page may be copied if more space is required.

Name William J. Jefferson

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Peoples Bank & Trust, Chalmette, LA	Unsecured		X								
	Hibernia National Bank, New Orleans, LA	Secured	X									
	Wright Patman Credit Union	Secured		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name William J. Jefferson

Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

This page may be copied if more space is required.

Name William J. Jefferson	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement
	None During Reporting Period	
	See 1990 Disclosure Form	
	for Prior Agreement	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers and employees

97 JUN 13 AM 9:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED ⑩
(Office Use Only)

William Lewis Jenkins
(Full Name)

767 McKinney Chapel Road, Rogersville, TN, 37857
(Mailing Address)

(423)272-3878
(Daytime Telephone)

Filer Status	☒ Member of the U S House of Representatives	State TN District 1st	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions pages 10-11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL William L Jenkins

DATE (Month/Day/Year) 6-12-97

Name William Lewis Jenkins

Page 3 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Tennessee	Judicial Salary	33,656.52
	Hawkins County, Tennessee	Spouses Teachers Salary	
	State of Tennessee Consolidated Retirement System	Legislative - Judicial Retirement	10,259.45
	State of Tennessee Consolidated Retirement System	Spouses Teachers Retirement	2,433.79

For payments to charity in lieu of honoraria, use Schedule II.

Name William Lewis Jenkins | Page 4 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William Lewis Jenkins

Page 5 **of** 11

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P S E
Examples SP	Mega Corp Stock				X								X							X									P
	123 Main St, Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Building Main Street Rogersville, TN			X										X					X										
JT	Farm Land, Bray Road Rogersville, TN					X																							
JT	Farm Land - Old Mill Road Rogersville, TN					X																							
SP	Farm Land - Drew Haynes Road Rogersville, TN					X																							
JT	Farm Land - Highway 70 Rogersville, TN			X																									
SP	Farm Land - Webster Valley Road Rogersville, TN						X																						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William Lewis Jenkins

Page 6 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	Farm Land Off Highway 70 Rogersville, TN					X																							
JT	Cattle			X																									
JT	Farm Machinery			X																									
	1/2 remainder interest Farm Land Hickory Cove, Rogersville, TN				X																								
	Farm income from land, cattle, machinery (Gross income 22,559)(Net income (-1,147)																												
SP	1st TN National Corporation				X								X									X							
SP	Exxon Corporation		X										X							X									
SP	Amoco Corporation IRA - 1st Tennessee Bank Trust Dept.			X									X							X									
	Amoco Stock		X										X							X									
	FHLB Note - Matured during cal. year proceeds purchased Fed.US Treas.				X										X							X							
	Mountain Metals Mfg. Corp. Stock		X										X						X										
	Federated U.S. Treas. Obligations		X												X						X								
	Volunteer Bank Corp. Inc.			X									X						X										
	1st TN National Corporation						X						X										X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Willi am Lewis Jenkins

Page 7 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	IRA-First TN Bank Trust Dept. FHLB-Note - Matured During Cal. Year proceeds purch. Fed.US Treas		X												X						X								
	1st TN National Corp.				X								X								X								
	Fed. US Treas. Obligations			X											X					X									
SP	IRA - 1st TN Bank Trust Dept. FLHB Note - matured during year proceeds purch. Fed.US Tres		X												X					X									
	1st TN National Corporation				X								X							X									
	Fed. US Treasury Obligations		X												X					X									

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Name William Lewis Jenkins

Page 8 of 11

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	FHLB Notes - Matured during cal yr proceeds purchased Fed. U.S. Treas.	X				X									
	FHLB Notes - Matured during cal. yr. proceeds purchased Fed. U.S. Treas.	X					X								
SP	FHLB Notes - Matured during cal. yr. proceeds purchased Fed. U.S. Treas.	X				X									

This page may be copied if more space is required.

Name William Lewis Jenkins	Page 9 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						
	1st Tennessee Bank	Deed of Trust on Property off Highway 70			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name William Lewis Jenkins | Page 10 of 11

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D C —Chicago—Wash , D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

This page may be copied if more space is required.

Name William Lewis Jenkins	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement
	State of Tennessee - William Lewis Jenkins	Benefits received from Tenn. Consolidated Retirement System continued life and health insurance payments and coverage

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members officers, and employees

97 APR 30 PM 5:06

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (9)

(Office Use Only)

Christopher Charles John
(Full Name)

PO Box 971 Crowley LA 70527
(Mailing Address)

(202) 225-2031
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives	State District LA 07	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A **$200 *penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Christopher Charles John

DATE (Month/Day/Year) MAY 1997

Name Christopher John | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	John N John III, Inc.	Salary	46,542.00
	John N John III, Inc	Spouse Salary	7800.00
	John and John Travel, Inc	Spouse Salary	13200.00
	State of Louisiana, House of Representatives	Salary	289.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Christopher John

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	N/A			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Christopher John

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock				X								X							X									P
	123 Main St , Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	John N John Truckline Inc						X												X										
	819 Northern Ave Crowley LA			X										X								X							
	1108 11th Street Crowley LA		X											X							X								
	1224 Hwy 90 West Crowley LA				X									X									X						
	1220 Hwy 90 West Crowley LA		X											X									X						
	EVANGELINE Bank Crowley LA		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christopher John

Page 5 of 9

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	John and John Travel, Inc. Crowley LA	X																	X										
	Big Drake Properties Crowley LA						X							X										X					
	John John Farm Crowley LA				X									X								X							
	New York Life IRA Crowley LA		X										X							X									
	Kemper Retirement Baton Rouge LA			X											X					X									
	IDS/Jones Partner Minneapolis MN		X													X						X							

This page may be copied if more space is required.

Name Christopher John

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–96		X								

This page may be copied if more space is required.

Name Christopher John

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	John N John III Inc Crowley LA	Personal Loan		X								
	John N John Jr Inc Crowley LA	Personal Loan			X							
	John N John Truckline Inc Crowley LA	Personal Loan			X							
	John and John Travel Inc Crowley LA	Business Loan			X							
	Evangeline Bank + Trust Crowley LA	Personal Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

Name Christopher John | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
			N/A				

This page may be copied if more space is required.

Name Christopher John | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement
	N/A	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

(5)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 15 AM 11:35

MC HAND DELIVERED

(Office Use Only)

Eddie Bernice Johnson (Full Name)

2515 McKinney Suite 1565 (Mailing Address)

Dallas, Texas 75201

(214) 922-8885 or (202) 225-8885 (Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representatives State District ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☐ No ☒

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10, 11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Eddie Bernice Johnson

DATE (Month/Day/Year) May 14, 1997

Name Eddie Bernice Johnson

Page 2 of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Texas	Legislative Pension	$18,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Eddie Bernice Johnson

Page of

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	Mutual of America (IRA)		x												x				NA										
	Texas Federal Credit Union		x												x				x										
	Bank One CD's		x												x					x									
	U.S. Savings Bonds		x												x				NA										
	7514-7516 Olusta Drive				x									x								x							
	Dallas, TX 75217 Duplex																												

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Name Eddie Bernice Johnson | Page of ___

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Colonial Savings and Loan	7514-7516 Olusta Drive	x									
		Dallas, Texas 75217										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page of
Eddie Bernice Johnson	

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Assoc. of Railroads	April 12 April 15	DFW-Pebble Beach,CA- Wash., D.C.	Y	Y	N	N
	Chinese People's Institute for Foreign Affairs	June 29- July 7	DFW-China-Wash., D.C.	Y	Y	N	N
	American Assoc. of Railroads	Nov. 22- Nov. 25	Wash., D.C.-Phoenix- DFW	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 JUN 12 PM 4:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

✓ HAND DELIVERED
MC (1)
(Office Use Only)

Eddie Bernice Johnson
(Full Name)

2515 McKinney Avenue, Suite 1565
(Mailing Address)

(214) 922-8885
Daytime Telephone

Dallas, Texas 75201

Filer Status	☒ Member of the U S House of Representatives — State TX District 30	☐ Officer or Employee	Employing Office
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Eddie Bernice Johnson

DATE (Month/Day/Year): June 12, 1997

⑥

97 MAY 15 PM 2:26
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Jay W. Johnson
(Full Name)

2553 Trevino Dr.
Green Bay WI 54311
(Mailing Address)

202-225-5665
414-465-9843
(Daytime Telephone)

MC HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U S House of Representatives — State WI District 8	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Jay W. Johnson

DATE (Month/Day/Year) 5/13/97

Name Jay W. Johnson

Page 1 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	WLUK-TV - GREEN BAY, WI	salary	$ 21,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jay W. Johnson

Page 2 of 5

BLOCK A
Asset and/or Income Source
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B
Value of Asset
at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C
Type of Income
If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D
Amount of Income
For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E
Transaction
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples* Mega Corp Stock				X								X							X									P
	Examples 123 Main St, Dover, Del							X						X											X				
	Examples 1st Bank of Paducah, KY accounts					X									X							X							
	1ST SECURITY CREDIT UNION P.O. BOX 8327, GREEN Bay WI 54308		X										CERTICATE of DEPOSIT							X									
	SECURA INVESTMENTS 1915 S. WEBSTER, SUITE 4, GB. WI 54301				X								IRA						NA										
	1ST SEC. Credit Union GREEN Bay WI	X											SAVINGS ACCNT						X										

For additional assets and unearned income, use next page.

Name Jay W. Johnson

Page 3 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	x			10–12–96		x								
	IRA - JANUS FUND		X		3-27-96	X									
	IRA - TWENTIETH CENTURY		X		7-23-96	X									
	IRA - NICHOLAS FUND		X		6-26-96	X									
	IRA - STRONG TOTAL RETURN FUND		X		5-31-96	X									
	IRA - SECURA INVESTMENTS		X		12-1-96	X									

This page may be copied if more space is required.

Name Jay W. Johnson

Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	1st SECURITY CREDIT UNION GREEN BAY, WI	LOAN, personal	X									
	1st NORTHERN BANK GREEN BAY, WI	LOAN, personal	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name JAY W. Johnson | Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
STATE BD. MEMBER	EASTER SEALS OF WI
ADVISORY BD. MEMBER	LIBERTAS, GREEN BAY

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
MARCH 30 TO NOV. 5	JAY JOHNSON & WLUK-TV	VERBAL AGREEMENT — LEAVE OF ABSENCE

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

(10)

97 MAY 15 PM 5:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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MC
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Nancy Lee Johnson (Full Name)
343 Cannon HOB
Washington, D.C. 20515 (Mailing Address)
Daytime Telephone 202-225-4476

Filer Status ☒ Member of the U S House of Representatives State ____ District ____ ☐ Officer or Employee Employing Office: ____

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☒ No ☐

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependant child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL Nancy L. Johnson

DATE (Month/Day/Year) May 15, 1997

Name Nancy L. Johnson | Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Grove Hill Medical Center	Spouse Salary	N A

For payments to charity in lieu of honoraria, use Schedule II.

Name Nancy L. Johnson | Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	Organizational Management, Inc.	Speech	March 8	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Nancy L. Johnson

Page 4 **of** 10

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		Amer. Savings Bank-IRA			X											–								–						–
		Fidelity Balanced Fund-IRA		X												–								–						E
		Fidel. CT Tax Free Hi Yield		X										X								X								S
		Fidel. Gov't. Securities	X													X					X									S
		Fidel. Growth+Income IRA		X												–								–						–
		Fidel. Spartan Gin.Mae IRA		X												–								–						–

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy L. Johnson

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Fidelity Utilities Income Fd - IRA		X												—								—						—
	First City Bank - Checking			X											X					X									—
	First City Bank - Stock		X												—				X										—
	Gino's Associates LTD Partner			X											—						X								—
	ICC - Harbin LTD Partner	X													—				X										—
	Janus Flexible Income Fund	X											X							X									S
	" Twenty Fund	X											X			X			X										—
	" Venture Fund		X										X			X				X									—
	Lindner Dividend Fd - IRA		X												—						—								—
	Mutual Shares Fd · IRA		X													—						—							—
	Nuveen Muni-Bond Fd.												X			X					X								
	Nuveen Tax Exempt Unit Trust												X			X						X							
	Pension Fund - Grove Hill Med Ctr.								X						—								—						—
	Rental Property - 785-7 Corbin Ave. New Britain, CT					X								X									X						—
	Scudder Int'nal Fund · IRA		X													—							—						—

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy L. Johnson

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001– $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	Stanley Works - Stock					X							X									X							
	Vanguard Ext. Mket Fd·IRA		X												–								–						–
	Fidelity Global Bal. Fd. IRA		X													–							–						–
	Fidelity Balanced Fund · IRA		X												–								–						–
	Fidelity Tax Exempt Money Mkt.		X												X				X										
	Investment Associates			X											X							X							
	Fidelity Equity · Income II IRA		X													–							–						P(Exch.)
	Fidel. Midcap Stock · IRA		X													–							–						P(Exch.)
	Fidel. Asset. Manager, IRA			X												–							–						
	Linda's Flame Roasted Chicken		X													–			X										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Nancy L. Johnson

Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-96		X								
	Fidel. Eq. Inc. from Fidel. Balanced			X		X									
	Fidel. Midcap Stock from Fidel. Balanced			X		X									
	Janus Flexible Income Fund	X			1-18-96	X									
	" " " "		X		11-18-96	X									
	Nuveen CT Premium Income Muni Fund		X		11-21-96	X									
	Nuveen Te Un Tr 189 (Advest)		X		12-16-96	X									
	Fidelity CT Tax Free Hi Yield		X		10-17-96		X								
	" " " " " "		X		11-25-96	X									
	Fidelity Gov't Securities		X		11-25-96	X									

This page may be copied if more space is required.

Name Nancy L. Johnson | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	First City Bank, New Britain, CT	mortgage on 785-7 Corbin Ave New Britain		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Nancy L. Johnson

Page 9 of 10

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash, D C —Chicago—Wash, D C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	Aug. 18-24	Hartford, CT - St. Petersburg, Russia - Hartford, CT	Y	Y	Y	N
	The Drucker Foundation	Dec 2-3	New Britain, CT, Pocantico Hills, NY, New Britain CT	Y	Y	N	N

This page may be copied if more space is required.

Name Nancy L. Johnson

Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

196

NANCY L. JOHNSON
6TH DISTRICT, CONNECTICUT

COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEES:
OVERSIGHT
CHAIRMAN
HEALTH

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT
CHAIRMAN

EXPORT TASK FORCE
CO-CHAIR
CAUCUS FOR WOMEN'S ISSUES
VICE-CHAIR

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–0706

WASHINGTON OFFICE:
343 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–0706
TELEPHONE: (202) 225–4476

NEW BRITAIN OFFICE:
480 MYRTLE STREET—SUITE 200
NEW BRITAIN, CT 06053
TELEPHONE: (203) 223–8412

May 15, 1997

RECEIVED
97 MAY 15 AM 11:45
CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Robin H. Carle
Clerk
House of Representatives
B-106 Cannon House Office Building
Washington, D.C. 20515

✓
MC

Dear Ms. Carle :

I am writing to inform you that, inadvertently, I omitted an entry in my House *Financial Disclosure Statement for Calendar Year 1995*. The following information should have been listed under **Schedule III**:

Asset and/or Income Source	Fidelity Tax Exempt Money Market
Year-End Value of Asset	b ($1,001 - $15,000)
Type of Income	Interest
Amount of Income	I (None - $200)

If you have any questions, or need additional information, please contact me a soon as possible. Thank you for your attention to this matter.

Very truly yours,

Nancy L. Johnson

Nancy L. Johnson
Member of Congress

PRINTED ON RECYCLED PAPER

④

97 MAY 15 PM 5:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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MC
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Samuel Robert Johnson
(Full Name)

1030 Longworth House Office Building
(Mailing Address)

202/225-4201
Daytime Telephone

Filer Status ☒ Member of the U S House of Representatives State ____ District ____ ☐ Officer or Employee Employing Office ____

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date: ____

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S.C app. 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Samuel R. Johnson

DATE (Month/Day/Year) 5/15/97

Name Samuel Robert Johnson | Page 1 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp Stock				X								X							X									P
	123 Main St , Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	SRJ Designs, Inc. (book)	X											sale of books						X										P/S
JT	SRJ Designs, Inc. (property)	X											sale of capital assets						$17,000 net										S
JT	Congressional Federal Credit Union		X												X				X										NA
JT	Plano Bank and Trust		X												X					X									NA
JT	SRJ Designs, Inc. (stock)	X																											NA
JT	Personal Book Royalties	X											royalties							X									NA
	USAF and VA Disability												not taxable						$47,743 non-taxable income										NA

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Samuel Robert Johnson

Page 2 of 3

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Rent house owned by SRJ Designs, sold in 1996 (see schedule III)														

This page may be copied if more space is required.

Name Samuel Robert Johnson	Page 3 of 3

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entitles; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Regents	Smithsonian Institution
Board Member	Dedman School at Southern Methodist University
President	SRJ Designs

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

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97 MAY 15 PM 2:43

OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

MC HAND DELIVERED

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

WALTER BEAMAN JONES
(Full Name)

422 Cannon House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone: (202) 225-3415

Filer Status ☒ Member of the U S House of Representatives — State NC — District 03 ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** Yes ☒ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C. app 4, 104 and 18 U S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Walter Beaman Jones

DATE (Month/Day/Year) May 15, 1997

Name WALTER BEAMAN JONES | **Page** 2 **of** 6

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	United Life Insurance	Services rendered prior to becoming Member of Congress	$1,383.48

For payments to charity in lieu of honoraria, use Schedule II.

Name WALTER BEAMAN JONES | **Page** 3 **of** 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP,	*Examples:* Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC,	SP 123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	Bradford Money Fund	$1,001 - $15,000	Dividends	None - $200	NA
JT	Centura Bank	None - $1,000	Dividends	None - $200	NA
JT	Delaware Group Treasury	$1,001 - $15,000	Dividends	None - $200	NA
JT	Reserves Intermediate				
JT	Ford Motor Company	$1,001 - $15,000	Dividends	None - $200	NA
JT	Investors Title Company	$1,001 - $15,000	Dividends	None - $200	NA
JT	Merck & Company	$1,001 - $15,000	Dividends	None - $200	NA
JT	Monk Austin	$1,001 - $15,000	Dividends	None - $200	NA
JT	Nations Bank	$1,001 - $15,000	Dividends	None - $200	NA

Name WALTER BEAMAN JONES | **Page** 4 **of** 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	United Carolina Bank	$50,001 - $100,000	Dividends	None - $200	NA
JT	Silver	$1,001 - $15,000	Capital Gains	None - $200	NA
JT	Sara Lee	$1,001 - $15,000	Dividends	None - $200	NA
JT	Nucor	$1,001 - $15,000	Dividends	$201 - $1,000	NA
JT	Philip Morris	$1,001 - $15,000	Dividends	$201 - $1,000	NA
JT	Putnam New Growth Oppor.	$1,001 - $15,000	Mutual Fund	None - $200	NA
SP	Floyd Harrell, Rt 4, Box 575,Tarboro, NC 27886	$1,001 - $15,000	Rental on inherited property	$5,001 - $15,000	NA
SP	Mille Peeden, c/o Peeden Farm, Rte 1, Belvoir, NC	$1,001 - $15,000	Rental on inherited property	$2,501 - $5,000	NA
SP	Wallace James, 2824 Flat Swamp Road, Robersonville, NC	$1,001 - $15,000	Rental on inherited property	$2,501 - $5,000	NA

Name WALTER BEAMAN JONES

Page 5 **of** 6

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	J&L Tractor Co., Inc	Personal	$100,001 - $250,000
	Goldsboro, NC		

Name WALTER BEAMAN JONES | **Page** 6 **of** 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board of Directors	Eastern Carolina Vocational Center, Inc (Little Willie Program)
Board of Directors	North Carolina Taxpayers Union
Board of Directors	Pitt County Substance Abuse Commission

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

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97 JUN -6 AM 9 06
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

✓
HC
②

INSIDE MAIL
(Office Use Only)

WALTER BEAMAN JONES (Full Name)
422 Cannon House Office Building (Mailing Address)
Washington, D.C. 20515
Daytime Telephone (202) 225-3415

Filer Status	☒ Member of the U S House of Representatives — State ____ District ____	☐ Officer or Employee	Employing Office
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
VII Did you your spouse or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Walter B. Jones

DATE (Month/Day/Year) June 3, 1997

SCHEDULE IV — TRANSACTIONS

Name

Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
JT	Putnam New Growth Opportunities	X				X									

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Hon Paul E Kanjorski
(Full Name)

103 South Hanover Street
(Mailing Address)

Nanticoke PA 18634

Daytime Telephone: (202) 225-6511

NC HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State: PA District: 11	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

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SIGNATURE OF REPORTING INDIVIDUAL Paul E. Kanjorski

DATE (Month/Day/Year) 5/15/97

Name Hon. Paul E. Kanjorski **Page** 2 **of** 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Cong. Fed. Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Cong Fed Credit Union	None - $1,000	Interest	$2,501 - $5,000	
SP	Cross Valley Credit Union	$50,001 - $100,000	Interest	$201 - $1,000	
JT	IRA Equitable Life	$1,001 - $15,000		None - $200	
JT	IRA Prudential Life Bache Securities, Am Capital Government Fund	$15,001 - $50,000		None - $200	
	Law Office movable assets	$1,001 - $15,000		None - $200	
	Real property -- 20+ acres, 1/2 interest, Dallas Twp , Luzerne Co , PA	$250,001 - $500,000		None - $200	
	Real property -- 90+ acres, 1/5 interest, Wright Twp ,	$250,001 - $500,000	Capital Gains	$5,001 - $15,000	S

Name Hon. Paul E. Kanjorski | **Page** 3 **of** 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Luzerne Co , PA				
	1/10 interest, father's estate	$15,001 - $50,000		None - $200	
	1/5 interest, mother's estate	$15,001 - $50,000		None - $200	
	1/2 interest, 126 S Franklin St., Wilkes-Barre, PA	$100,001 - $250,000		$2,501 - $5,000	

Name Hon Paul E. Kanjorski	**Page** 4 **of** 5

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	1/5 of 1.71 acres (of 90+ parcel) Wright Twp., Luzerne Co., PA	Sold	11-14-96	$1,001 - $15,000

Name Hon. Paul E. Kanjorski **Page** 5 of 5

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Trustee	Wilkes University, Wilkes-Barre, PA

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U S HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Marcia (Marcy) C. Kaptur
(Full Name)

234 N Summit St, Rm 719
(Mailing Address)

Toledo OH 43604

Daytime Telephone: 419-259-7500

Filer Status ☒ Member of the U.S. House of Representatives — State: OH District: 09 — ☐ Officer or Employee — Employing Office:

Report Type ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☒ No ☐

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app 4, 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Marcia (Marcy) C. Kaptur

DATE (Month/Day/Year) 5/8/97

Name Marcia (Marcy) C Kaptur

Page 2 of 4

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
	Saint Mary's College, Notre Dame, IN	Commencement Speech	5/18/96	$ 1,000
	The Connell Company	Symposium Speaker	3/11/96	$ 2,000
	-end-			$

Name Marcia (Marcy) C Kaptur | **Page** 3 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP,	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC,	*Examples* SP 123 Main St , Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Standard Federal Bank	$1,001 - $15,000	Interest	$201 - $1,000	
	Little Flower Credit Union	$1,001 - $15,000	Interest	None - $200	
	Key Bank (formerly Society)	$1,001 - $15,000	Interest	$201 - $1,000	
	Charter One Bank	$15,001 - $50,000	Interest	$2,501 - $5,000	
	U S. Savings Bonds	$50,001 - $100,000	NA	NA	
	TransAmerica IRA	$15,001 - $50,000	NA	NA	
*	1854 Harlan Rd, Toledo, OH	$50,001 - $100,000	Rent	$5,001 - $15,000	
**	Congressional Federal Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
	-end-				

* Property upkeep and maintenance resulted in a net loss of $2,233.00 in 1996

** All funds accrued in this separate account from Congressional pay raises are annually distributed to charitable causes.

Name Marcia (Marcy) C. Kaptur

Page 4 **of** 4

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Ohio Farmers Union	3/10/96	Toledo-Cincinnati (speech)	N	N	N	no
	American Federation of Teachers	8/4-5/96	Toledo-Cincinnati-Toledo (speech)	Y	N	N	no
	-end-						

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

John R. Kasich
(Full Name)

63 North West Street
Westerville, Ohio 43081
(Mailing Address)

614-523-2555
Daytime Telephone

Filer Status ☒ Member of the U S House of Representatives State: Ohio District: 12th ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** 1997 Wedding gifts reported Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

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SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 12, 1997

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John R. Kasich

Page 2 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP., DC., JT			Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples	SP	Mega Corp Stock				X								X							X									P
			123 Main St , Dover, Del							X						X											X				
			1st Bank of Paducah, KY accounts					X									X							X							
			BankOne, Columbus, Ohio		x												x				x										
			Wright Patman Credit Union		x												x				x										
			Wright Patman Credit Union		x												x				x										
			Northwestern Mutual Variable Annuity				x								x										x						
			Northwestern Mutual Variable Annuity		x										x								x								
			Northwestern Mutual Cash Values				x								x										x						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John R. Kasich

Page 3 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Putnam U.S. Government Securities					x							x										x						
	First Capital Insured		x										x						x										
	Alliance Insured Account			x									x						x										
	Washington Mutual Investors Fund					x							x											x					
	J & R Partnership	x														x			x										
	Investment Company of America			x									x											x					

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SCHEDULE IV — TRANSACTIONS

Name John R. Kasich

Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	x			10–12–96		x								
	Northwestern Mutual Variable Annuity	x			payments per month	x									
	Northwestern Mutual Variable Annuity	x			payments per month	x									
	Northwestern Mutual	x			payments per month	x									
	Medex, Inc., Ohio		x		1996	x									
	VKM Prime Rate Trust		x		1996		x								

This page may be copied if more space is required.

Name John R. Kasich | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						
	n/a											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None in 1996		

John Kasich was married on March 22, 1997. Prior to the wedding Mr. Kasich requested a waiver of the gift rule for wedding gifts and the same was granted by the Committee on Standards of Official Conduct. A list of wedding gifts received from the same source valued at over $250 and given by non-relatives of John Kasich and Karen Waldbillig Kasich is attached. This list will again be reported and made a part of the 1997 Ethics in Government Statement.

Use additional sheets if more space is required.

Name John R. Kasich

Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Governor's Association Winter meeting	February 5, 1996	Columbus - Wash., D.C. Wash., D.C. - Columbus	N	N	N	N
	Cincinnati Country Day School Citizenship & the Election	March 1, 1997	Columbus - Cincinnati Cincinnati - Columbus	N	Y	N	N
	N.B.C. - News Meet the Press	Dec. 7 & Dec. 8	Columbus - Wash., D.C. Wash., D.C. - Columbus	N	N	N	Y 2 days
	Humphrey Institute Policy Forum Humphrey Institute Policy Fellows	Dec. 17 & Dec. 18	Columbus - Minneapolis Minneapolis - Columbus	Y	Y	N	N

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Name John R. Kasich Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Member, Board of Directors	Concord Counseling, Columbus, Ohio

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

Wedding Gifts
to
John R. Kasich and Karen Waldbillig Kasich

March 22, 1997

from the same source aggregating more than $250 given
by non-relatives

Waiver Received from the
Committee on Standards of Official Conduct

Source	Description	Value
Fred and Barbara Osterman	Set of professional kitchen knives	$250 or more
Debbie and Ron Hartman	Five place settings Wedgewood Linen	$250 or more
Larry Liebert and Kathy Yorman	Six wine goblets Waterford	$250 or more
LaDonna Cary and Richard Solove	Silver coffee and tea service	$250 or more
Laura and Joseph Ciotola more	Grill, omelet pan and casserole/Calphalon	$250 or
Cherrie, Jack and Witney Lucks	Soup tureen Borghese	$250 or more
Connie and Don Malenick	Seven place settings silver plated flatware	$250 or more
Margaret and John H. McConnell	Champagne flutes and bedside lamp/Waterford	$250 or more
Joan and Frank Wobst	Eight goblets Waterford	$250 or more

Wedding Gifts
March 22, 1997

Source	Description	Value
Jill and Paul Griesse	Two place settings Borghese	$250 or more
Carol Porter and William Curlis	Four beverage glasses Waterford	$250 or more
Susan and Bill Lhota	gift certificate HomePlace	$250 or more
Chris and Tom Downey	Engagement party	$250 or more
Donald Thibaut	Engagement party	$250 or more
William L. Curlis	Engagement party	$250 or more

(a)

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HAND DELIVERED MC
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A
For use by Members officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

SUE W. KELLY (Full Name)
187 JAY ST
KATONAH, NY 10536 (Mailing Address)
282-225-5441 (Daytime Telephone)

Filer Status	☑ Member of the U S House of Representatives	State District	☐ Officer or Employee — Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech appearance or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV Did you, your spouse, or dependent child purchase sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☐	No ☑
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☑
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you your spouse or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Sue Kelly

DATE (Month/Day/Year) 5/14/97

Name Sue W. Kelly

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	William A Kelly + Co, Inc	Spouse Salary	31200
	87 Bedford Rd Corp	Spouse Fees	7000
	Construction Industry Foundation	Spouse Fee	1000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Sue W. Kelly

Page 3 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp Stock				X								X							X									P
	123 Main St , Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Amer Electric Power stock			X									X								X								
	Bank America stock				X								X								X								
	British Petrol stock				X								X								X								
	ATT stock			X									X						X										P
	Delphi Financial stock			X									X						X										
	Fluor Corp stock			X									X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sue W. Kelly

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Coastal Corp STOCK		X										X						X										
	Huntington STOCK			X									X							X									
	Hyperion T[illegible] STOCK			X									X								X								
	Jacobs Eng STOCK		X										X																
	Kimberly Clark STOCK					X							X								X								
	Lucent Tech STOCK		X										X						X										
	Mobil Oil STOCK			X									X							X									
	NCR Corp STOCK		X										X						X										
	Schweitzer-Man STOCK		X										X						X										
	State Street STOCK					X							X								X								
	Texaco Inc STOCK			X									X							X									
	[redacted] Bear Stearns			/	X										X							X							
	101 North Moger - Mt Kisco						X							X									X						
	36 Anderson Ave Kosman					X								X									X						
	Cove Rd - South Salem					X								X									X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sue W. Kelly

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	FLEET BANK ACOUNTS		X												X					X									
SP	COUNTRY BANK ACCOUNTS		X												X					X									
SP	USAA SAVINGS ACCT		X												X					X									
SP	McDONALDS STOCK					X							X								X								
SP	KED REALTY KATONAH					X								X							X								
SP	IRA - BROWN MURRAY						X									X			X										
SP	9 Waterview ct - South Salem					X										X			X										
SP	CROTON River Ind Park								X					X										X					
SP	105 Bedford Rd KATONAH						X							X										X					
SP	81 Bedford Rd KATONAH						X							X										X					
SP	Brown Murray Securities		X										X							X									
SP	Country Bank : Stock		X										X							X									
SP	Riverhill Road Realty - Yonkers						X							X										X					
SP	Pelham Commons, Inc - Pelham			X												X			X										
SP	Orchards Farm, North Salem					X										X			X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sue W. Kelly

Page 6 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Quail Ridge Farm - Millbrook					X										X			X										
SP	North Salem Ctr - North Salem				X											X			X										
SP	PJ Assoc Marina - Peekskill	X														X			X										
SP	PJ Assoc Ind Park - Peekskill			X												X			X										
SP	Health Care Prop - Yonkers				X											X			X										
SP	Equity - WA Kelly & Co. Br.					X										X			X										
SP	Equity - WA Kelly Lease				X											X			X										
SP	Misc Life Insurance		X													X			X										
	Bank of NY - ITF account		X												X					X									
	Misc Life Insurance				X											X			X										
	Cong Fed Credit Union		X												X					X									
	Bank of NY Ck+Savings			X											X					X									
	Niagara Mohawk		X																										
	Pacificorp		X																										
	Consolidated Nat. Gas	X																											

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SCHEDULE IV — TRANSACTIONS

Name Sue W. Kelly

Page 1 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	x			10–12–96		x								
	DELPHI FINANCIAL	X			5/28/96		X								
	NCR Corp	X			12/31/96		X								
	Lucent Technology (AT&T Spinoff)				10/8/96	X									
	Public Service Enterprises		X		5/28/96	X									
	Black Rock Income Trust		X		8/28/96	X									
	Schweitzer - Mauduit					X									
	(Held in '95 but inadvertently														
	omitted from '95 FDS)														

This page may be copied if more space is required.

Name Sue W Kelly

Page 8 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						
SP	FLEET BANK	MORT on Crown River Park						X				
JT	NAT WEST	MORT on 187 Jay ST						X				
SP	UNION STATE BANK	MORT on 87 Bed Rd					X					
SP	Loan From Eugene O Colley - North Salem	MORT on } PT. ASSOCIATES ORCHARDS						X				
SP	Loan From Richard McCoy - Boston	" " } Health Care Prop						X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see Instructions, pages 22–24.

Source	Description	Value
Example. Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Sue W Kelly

Page 9 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
SP	LOAN FROM OMARD TO BEZ-LLC	Mort on Quail Ridge Farm				K						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

RECEIVED
LEGISLATIVE RESOURCE CENTER ⑧
97 MAY 15 PM 5:31
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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Joseph P. Kennedy II
(Full Name)

73 Bigelow Street
(Mailing Address)
Brighton, MA 02135

Daytime Telephone:
(202) 225-5111

Filer Status ☒ Member of the U.S. House of Representatives State: MA District: 08 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐		VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒		VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐		VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐		IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☒ No ☐
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5/15/97

Name Joseph P. Kennedy II

Page 2 of 8

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives, Washington, D.C.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Joseph P. Kennedy II | Page 3 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP, DC, JT	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
	Examples: Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Fleet Bank Accounts, Boston, MA	$15,001 - $50,000	Interest	$201 - $1,000	
	Congressional Federal Credit Union Bank Accounts, Washington, D.C.	$15,001 - $50,000	Interest	$201 - $1,000	
	Merrill Lynch Retirement Reserves & Global Allocation Funds, Stamford, CT (IRA's)	$50,001 - $100,000	Dividends, Interest & Capital Gains	$5,001 - $15,000	P, E
	January 27, 1926 Trust, Joseph P. Kennedy Grantor, FBO Robert F. Kennedy, NY, NY		Excepted Trust	None	
	August 31, 1959 Trust, Robert F. Kennedy Grantor, FBO Joseph P. Kennedy II, NY, NY		Excepted Trust	$15,001 - $50,000	
	August 31, 1959 Trust, Robert F. Kennedy Grantor, FBO David A. Kennedy, NY, NY		Excepted Trust	$1,001 - $2,500	

Name Joseph P. Kennedy II | Page 4 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Joseph P. Kennedy II Blind Trust dated June 16, 1987, Washington, D.C.		Qualified Blind Trust	$5,001 - $15,000	E
	Interest in the estates of Robert F. Kennedy and David A. Kennedy, as yet undistributed	$50,001 - $100,000	None	$2,501 - $5,000	
	Beneficial interest in land trust whose sole asset is unimproved land in Marshfield, MA	$100,001 - $250,000	None	None	
	Promissory Note - Diane Simon, Montecito, CA (balance due on sale of partial interest in land trust referred to in the immediately preceding item)	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Fidelity Investments - Fidelity Market Index Fund, Boston, MA	$50,001 - $100,000	Dividends and Capital Gains	$1,001 - $2,500	P

Name Joseph P. Kennedy II

Page 5 **of** 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Merrill Lynch Retirement Reserves & Global Allocation Funds (IRA) monthly dividend reinvestment	Purchase	Monthly during 1996	$1,001 - $15,000
	Merrill Lynch Balanced Funds (IRA) - Conversion of Merrill Lynch Balanced Funds shares to Global Allocation Fund shares as a result of merger. Underlying assets of IRA.	Exchange	03/01/96	$15,001 - $50,000
	Partial distribution from the Estate of David A. Kennedy in the form of a partnership interest as described in item 4 below.	Exchange	02/28/96	$1,001 - $15,000
	Joseph P. Kennedy II Blind Trust dated June 16, 1987 an interest in the below listed asset was transferred to the Trust on February 28, 1996: Design Center Limited Partnership, Washington, D.C.	Exchange	02/28/96	$1,001 - $15,000
	Fidelity Investments - Fidelity Market Index Fund	Purchase	02/27/96	$15,001 - $50,000
	Fidelity Investments - Fidelity Market Index Fund	Purchase	Monthly during 1996	$1,001 - $15,000

Name Joseph P. Kennedy II

Page 6 of 8

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source		Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Phil Donahue Show		Jan. 11	Boston, MA - New York, NY - Boston, MA	N	N	N	0 days
Human Rights Campaign Fund		Jan. 13	Boston, MA - Nashville, TN - Boston, MA	N	N	Y	0 days
Michigan Building Trades		Mar. 12	Boston, MA - Lansing, MI - Washington, DC	N	N	Y	0 days
Montel Williams Show		Nov. 25	Boston, MA - New York, NY - Boston, MA	N	N	N	0 days
Laffer, Canto & Assoc		Dec. 3	Boston, MA - New York, NY - Boston, MA	N	N	N	0 days
Flax Trust America	(rec'd 2/97)	Dec. 16 - 22	Boston, MA - Belfast, Ireland - Boston, MA	N	N	Y	0 days
American Committee for Ulster Justice	(rec'd 2/97)	Dec. 16 - 22	Lodging and Food Only	Y	Y	Y	0 days

Name Joseph P. Kennedy II

Page 7 **of** 8

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Honorary Chairman	Citizens Energy Corp.
Honorary Chairman	National Children's Day Foundation, Inc.
Chairman, Vice President	The Canadian Robert F. Kennedy Memorial
Member, Board of Directors	The Flax Trust - America
Limited Partner (Transferee)	LFRUT Venture Capital Fund Liquidating Trust (formerly L.F. Rothschild Venture Capital Fund. Asset value below reporting threshold)

Joseph P. Kennedy II
1996 Financial Disclosure Statement

ADDITIONAL INFORMATION

Direct and beneficial interests of my children have not been reported herein since neither of them lives with me or is my dependent within the meaning of Sec. 152 of the Internal Revenue Code.

In addition to the beneficial interests in the excepted trusts and qualified blind trust disclosed above, I have beneficial interests in the excepted trusts listed below. No income was received from these trusts during 1996.

Trust under the will of George Skakel
Trust under the will of Ann Skakel

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

HAND DELIVERED
97 MAY 15 PM 12:47
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC
(Office Use Only)

Patrick J. Kennedy
(Full Name)

89 Ravenswood Avenue
Providence RI 02908
(Mailing Address)

Daytime Telephone:
(202) 225-4911

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U.S. House of Representatives	State: RI District: 01	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☒ No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.)	Yes ☒ No ☐
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL
Patrick J Kennedy

DATE (Month/Day/Year)
May 15 1997

Name Patrick J. Kennedy | **Page** 2 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP, DC, JT	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
Examples:	Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Citizens Trust Company Accounts, Providence, RI	$1,001 - $15,000	Interest	None - $200	
	1784 Federal Institutional U.S. Treasury Money Market Fund - BSD Boston, MA	$15,001 - $50,000	Interest	None - $200	
	Friends of Patrick J. Kennedy - Loan Receivable (RI State Rep.)	$100,001 - $250,000	Interest	None	
	The Friends of Patrick Kennedy Committee * - Loan Receivable (U.S. Congress)	None	Interest	$15,001 - $50,000	
	March 4, 1953 Trust, Rose F. Kennedy, Grantor, FBO Edward M. Kennedy, New York, NY		Excepted Trust	$201 - $1,000	
	August 31, 1959 Trust, Edward M. Kennedy, Grantor, FBO Patrick J. Kennedy, New York, NY		Excepted Trust	$15,001 - $50,000	

* Paid in full during 1996.

Name Patrick J. Kennedy | Page 3 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Arctic Royalty Limited Partnership (a limited partnership owning oil and gas royalty interests) New York, NY	$50,001 - $100,000	Partnership Income	$15,001 - $50,000	

Name Patrick J. Kennedy | **Page** 4 **of** 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	John V. Tunney, Malibu, CA	Promissory Note	$50,001 - $100,000
	Citizens Trust Company, Providence, RI	Promissory Note (Paid in full, 9/96)	$50,001 - $100,000
	American Express Company, New York, NY	Credit Card	$15,001 - $50,000
	Citibank Visa, Sioux Falls, SD	Revolving Charge Account	$15,001 - $50,000

Name Patrick J. Kennedy Page 5 of 7

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude. Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule

For further information, see Instructions, pages 22-24

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Republic of Italy - Presented by President of Italy, Oscar Luigi Scalfaro	Framed print	$ $500.00
Republic of Italy - Presented by President of Italy, Oscar Luigi Scalfaro	Silver box with Italian Presidential Seal coin	$ $500.00

Name Patrick J. Kennedy

Page 6 of 7

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	I.B E W International Brotherhood of Electrical Workers	Sept. 13	Providence, RI - Philadelphia, PA - Boston, MA	N	N	N	No
	International Association of Machine and Aerospace Workers	Sept. 23	Washington, DC - Chicago, IL - Washington, DC	N	N	N	No
	Independent World Commission on the Oceans	Nov 19 - 23	Rome, Italy - Rotterdam, Netherlands - Boston, MA	Y	Y	N	No
	Republic of Portugal	Mar. 8 - 9	Lodging Only	Y	N	N	No

Name Patrick J. Kennedy — Page 7 of 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Corporate Member	Battleship Massachusetts
Corporate Member	Bradley Hospital
Vice Chairman	Independent World Commission on the Oceans
Member, Honorary Advisory Board	March of Dimes - Rhode Island
Honorary Member	Mental Health Association of Rhode Island
Member, Advisory Board	Big Brothers of Rhode Island
Member, Advisory Board	Council for Independent Living
Member, Advisory Board	Music School
Member, Advisory Board	Rhode Island Special Olympics
Associate Trustee	Joseph P. Kennedy, Jr. Foundation
Limited Partner	Arctic Royalty Limited Partnership

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

BARBARA BAILEY KENNELLY
(Full Name)

95 SCARBOROUGH STREET
(Mailing Address)

HARTFORD, CONNECTICUT 06115

Daytime Telephone
(203) 523-1116

97 MAY 15 PM 4:10
[illegible]
MC HAND DELIVERED
(Office Use Only)

Filer Status ☒ Member of the U S House of Representatives State Connecticut District 1st ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS— Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10 11) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Barbara B. Kennelly

DATE (Month/Day/Year) May 15, 1997

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BARBARA BAILEY KENNELLY

Page 2 of 3

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P S E
Examples	SP, Mega Corp Stock				X								X							X									P
	123 Main St Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	John Moran, Inc. (Beach House) 144 Middle Beach Rd., Madison, CT					X													X										
	South Street Associates (3 1/3 Share) 502 South Street, Bristol, CT (Probate)			X															X										
	RCK&K Realty (22% Share) 693 (Probate) Bloomfield Ave., Bloomfield, CT	X																	X										
	Smith Barney Money Fund Retirement Portfolio Class A (IRA)				X										X								X						
	Smith Barney IRA Treasury Bond			X											X						X								
	Smith Barney World Fund International Equity Class B (IRA)			X									X						X										

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

Name BARBARA BAILEY KENNELLY

Page 3 of 5

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 $5,000,000	X Over $5,000,000	P, S, E
	Bank of Boston: Checking Account	X													X				X										
	Bank of Boston: 1784 U.S. Treasury Money Market Fund		X										X								X								
	Smith Barney Cash Money Fund					X							X		X						X								

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SCHEDULE IV — TRANSACTIONS

Name BARBARA BAILEY KENNELLY

Page 4 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	U.S. Treasury Notes		X		1-4-96		X								
	U.S. Treasury Bonds		X		1-4-96		X								
	Fleet Bank: Checking Account		X		1-4-96	X									
	Bank of Boston: 1784 U.S. Treasury Money Market Fund	X			2-15-96	X									
	Smith Barney Money Fund Retirement Portfolio Class A (IRA, from pension)	X			4-1-96			X							
	Smith Barney Treasury bond (IRA, from pension)	X			4-23-96		X								
	Smith Barney World Fund International Equity Class B (IRA, from pension)	X			4-1-96		X								
	U.S. Treasury Bills	X			4-28-96		X								
	Smith Barney Cash Money Fund	X			4-1-96				X						
	Phoenix Home Life, TransAmerica, United Services Life (Insurance Policy)		X		4-1-96				X						

This page may be copied if more space is required.

Name BARBARA BAILEY KENNELLY	Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Board of Directors (Unpaid)	The Center For Democracy

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

(5)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 AM 9:28

HAND DELIVERED

MC

Dale Edward Kildee
(Full Name)

516 Kensington Ave
Flint Michigan 48503
(Mailing Address)

(202) 225-3611
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives — State: Michigan — District: 9th — ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other excepted trusts need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.) — Yes ☐ No ☒

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.) — Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001.)

SIGNATURE OF REPORTING INDIVIDUAL: Dale E. Kildee

DATE (Month, Day, Year): May 13, 1997

Name Dale Edward Kildee | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6 000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1 000
	Ontario County Board of Education	Spouse Salary	NA
	Weichert, Realtors	Spouse Commissions	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Dale Edward Kildee

Page 3 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P S E
SP	Examples: Mega Corp Stock				X								X							X									P
DC	Examples: 123 Main St, Dover, Del							X						X											X				
JT	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
JT	First Union Bank of Virginia		X												X				X										
JT	Congressional Federal Credit Union		X												X				X										
SP	IRA Congressional Federal C.U.		X												NA				NA										
SP	SEP First Union Bank of VA.		X												NA				NA										
	Michigan Legislative Retirement *					X									NA				NA										
	* Vested not receiving																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Dale Edward Kildee

Page 4 of 5

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 - $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 - $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Citizens Bank, Flint, Michigan	X													X				X										

This page may be copied if more space is required.

Name Dale Edward Kildee | Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
1-1-77	State of Michigan and self	Life and health insurance

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

For use by Members, officers and employees

97 MAY 20 [illegible] 5:37

HAND DELIVERED

MC

④

(Office Use Only)

Carolyn Cheeks Kilpatrick
(Full Name)

7445 LaSalle Blvd. Detroit, Michigan 48206
(Mailing Address)

202-225-2261
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives	State Michigan District 15th	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** (New Member)	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☒ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** (New Member)	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Carolyn C. Kilpatrick

DATE (Month/Day/Year) May 20, 1997

Name Carolyn Cheeks Kilpatrick	Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$4,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Michigan Association of Financial AID Administrators (Oct. 6, 1996)	Speech	$800.00
Salary - Michigan State Representative (1996)	Salary	$50,62[illegible]

For payments to charity in lieu of honoraria, use Schedule II

Name Carolyn Cheeks Kilpatrick | Page 3 of 4

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13 14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2 1996	$2 000
	XYZ Magazine	Article	Aug 13, 1996	$500
	National Association of Black Educators, Wash, D.C.	Speech	Nov. 24, 1996	$1,000.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Carolyn Cheeks Kilpatrick

Page 4 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
Examples	123 Main St , Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	State of Michigan, Deferred Compensation II/401 (k)		X												X								N/A						
	State of Michigan, Deferred Compensation Plan I (457)			X											X								N/A						
	Legislative Retirement System State of Michigan				X										X								N A						

For additional assets and unearned income, use next page.

(6)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 12:40
HAND DELIVERED
MC
(Office Use Only)

Jay Kim
(Full Name)

2219 Rusty Pump Road
(Mailing Address)

Diamond Bar CA 91765
Daytime Telephone (202) 225-3201

Filer Status	☒ Member of the U S House of Representatives	State CA District 41	☐ Officer or Employee	Employing Office	
Report Type	☒ Annual (May 15)		☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001.)

SIGNATURE OF REPORTING INDIVIDUAL Jay Kim

DATE (Month/Day/Year) 05/13/97

Name Jay Kim **Page** 2 **of** 6.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed* list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S) or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 $1 000 $1 001 - $2,500 $5,001 - $15,000	P
JT	Rental Property 8865 Balboa Ave , San Diego, CA	$250,001 - $500 000	Rent	$5,001 - $15,000	NA
JT	Rental Property 750 State Street, San Diego, CA	$50,001 - $100,000	Rent	None - $200	NA
JT	Rental Property 1091 Pinehurst, Palm Desert, CA	$15,001 - $50,000	Rent	None - $200	NA
JT	Rental Property 1300 S Valley Vista, Diamond Bar, CA	$1,000,001 - $5,000,000	Rent	None - $200	NA
SP	Dean Witter Reynolds (IRA--Edison International Utility Bonds)	$1,001 - $15,000	Interest	None - $200	NA
SP	Union Bank (IRA--CDs)	$15,001 - $50,000	Interest	None - $200	NA
SP	Merrill Lynch (IRA) Reserve Retirement Money Market Fund	$15,001 - $50,000	Interest	None - $200	NA

Name Jay Kim				Page of

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP Merrill Lynch (IRA) Treasury Notes	$15,001 - $50,000	Interest	None - $200	NA
SP Merrill Lynch (IRA) Fed. Insured CDs	$15,001 - $50 000	Interest	None - $200	NA
JT Jay Kim for Congress Ctte	$100,001 - $250,000		$15,001 - $50,000	NA
SP HAN Dut Publishing Co. Seoul, Korea (book publishing royalties)	Indefinite		$100,001 - $1 000,000	NA
SP Great Western Savings Acct (Savings CD)	None - $1,000	Interest	None - $200	NA
JT JayKim Engineers (installment payment from sale of company)	$1,000,001 - $5,000 000	Capital Gains	$2,501 - $5 000	

Name Jay Kim | **Page** 4 **of** 6

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
JT	The Money Store, Sacramento, CA	Mortgage on 8865 Balboa, San Diego, CA	$100 001 - $250 000
JT	Coast Federal Bank	Mortgage on 750 State St , San Diego, CA	$50 001 - $100,000
JT	Bank of California, Los Angeles, CA	Mortgage on 1300 S Valley Vista, Diamond Bar CA	$1,000 001 - $5,000 000
JT	California Korea Bank	Line of Credit	$50,001 - $100,000
	Jerry Yhee, Fullerton, CA	Personal Loan	$15,001 - $50,000
	Jaycee Kim, Encino, CA	Personal Loan	$15,001 - $50,000

Name Jay Kim	Page 5 of 6

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
MIRAE Foundation, NY, NY (Speech to Korean American Students Conference)	Mar 29-Mar 30	WDC-Austin, TX-WDC	Y	Y	N	
Korea-Southeast US Chamber of Commerce	May 3-5	WDC, Atlanta, GA-WDC	Y	Y	N	
American Citizens for Justice	July 19-20	WDC-Novi, MI-NYC, NY	Y	Y	N	
Korean American Assoc of Greater NY	Sept 29	WDC-NYC-WDC	N	Y	N	
Assoc of Secretaries to Members of the National Assembly of Korea	Nov 7 16	Los Angeles, CA-Seoul, Korea-Los Angeles, CA	Y	Y	Y	Yes

Name Jay Kim **Page** () **of** ()

SCHEDULE VIII -- POSITIONS

Report all positions compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner proprietor, representative employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Member, Board of Directors	Congressional Asian Pacific American Caucus Institute (non-compensatory)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

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2

MC

(Office Use Only)

Jay Kim
(Full Name)

2219 Rusty Pump Road
(Mailing Address)
Diamond Bar CA 91765

Daytime Telephone
(202) 225-3201

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U.S. House of Representatives	State CA District 41	☐ Officer or Employee	Employing Office	
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination	Termination Date	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I. Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III. Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV. Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V. Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI. Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII. Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL Jay Kim

DATE (Month/Day/Year) 06/03/97

Name Jay Kim

Page 2 of 2

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time *not* at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	MIRAE Foundation, NY, NY (Speech to Korean American Students Conference)	Mar 29-Mar 30	WDC-Austin, TX-WDC	Y	Y	N	
	Korea-Southeast US Chamber of Commerce	May 3-5	WDC, Atlanta, GA-WDC	Y	Y	N	
	American Citizens for Justice	July 19-20	WDC-Novi, MI-NYC, NY	Y	Y	N	
	Korean American Assoc of Greater NY	Sept 29	WDC-NYC-WDC	N	Y	N	
	Assoc of Secretaries to Members of the National Assembly of Korea	Nov 7-16	Los Angeles, CA-Seoul, Korea-Los Angeles, CA	Y	Y	Y	Yes--1 Day

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

(For use by Members, officers, and employees)

Ronald James Kind
(Full Name)

217 Pearl Street, LaCrosse, WI 54601
(Mailing Address)

608 782 3444
(Office Telephone)

MG INSIDE MAIL
(Office Use Only)

A *$200 penalty* shall be assessed against anyone who files more than 30 days late

Filer Status	☒ Member of the U.S. House of Representatives	State: Wisconsin District: 3rd	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL: Ronald J. Kind

DATE (Month, Day, Year): 5/9/97

Name Ronald James Kind | Page 1 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Wisconsin - Dept. of District Attorney	Salary	$141.20 —
	State of Wisconsin - Director of State Courts	Salary - Spouse	$30847 -
	State of Wisconsin - Director of State Courts	Earned Income - Spouse	$12869-

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Ronald James Kind

Page 2 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock				X								X							X									P
	123 Main St, Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	217 Pearl Street LaCrosse, WI				X									X									X						
	IRA Annuity – Northwestern Mutual Life	X													X				X										Asset was Sold (S)
	Investment Club – La Crosse, WI		X										X						X										
	Wisconsin Deferred Compensation Program		X										X							X									
SP	Wisconsin Deferred Compensation Program		X										X							X									
	Ron Kind for Congress Campaign Committee			X											X				X										

For additional assets and unearned income, use next page.

Name Ronald James Kind | Page 3 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	x			10–12–96		x								
	IRA - Annuity Northwestern Mutual Life Insurance Co		X		Oct '96	X									

This page may be copied if more space is required.

Name Ronald James Kind | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St. Dover, Del.				x						
	Norwest Bank, N.A., LaCrosse, WI	Mortgage on 219 Pearl Street, La Crosse, WI			X							

SCHEDULE VI — GIFTS

N/A

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Ronald James Kind | Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Director	Coulee Council on Alcohol, Section 501 (C)(3) organization
Director	Optimist Club of LaCrosse, Wisconsin, Section 501 (C)(4) organization
Director	Boys - Girls Club, Section 501 (C)(3) organization

SCHEDULE IX — AGREEMENTS N/A None

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 13 AM 9:12

ML INSIDE MAIL (4)
(Office Use Only)

Rep. Peter T. King
(Full Name)

1442 Roth Road
Seaford, NY 11783
(Mailing Address)

(202) 225-7896
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives State District ☐ Officer or Employee Employing Office

Report Type: ☐ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☐ No ☒

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/12/97

Name Rep. Peter T. King	**Page** 2 **of** 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Nassau County, New York	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rep. Peter T. King

Page 3 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SP	New York State Pension Program		X										NA						NA										

For additional assets and unearned income, use next page.

Name Rep. Peter T. King	Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash , D C —Chicago—Wash , D C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chicago Mercantile Exchange	Apr 12	New York City - Chicago - New York City	N	Y	N	N
	Yeshiva University High School	June 2-3	New York City - Los Angeles - Washington,DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 5:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Me
HAND DELIVERED
(Office Use Only)

Jack Kingston
(Full Name)

1507 Longworth HOB
Washington DC 20515
(Mailing Address)

Daytime Telephone: (202) 225-5831

Filer Status: ☒ Member of the U S House of Representatives — State GA — District 01 ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐ No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☒ No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes ☐ No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☒ No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☒ No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

Name John Heddens Kingston | Page 2 of 7

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash , D C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
Hinesville Area Board of Realtors		Speech	10/16/96	$ 50
ROTARY SOUTH		SPEECH	4/1/96	$ 100^{00}
				$
				$
				$
				$
				$
				$
				$
				$
				$

Name John Heddens Kingston | Page 3 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Palmer & Cay/Carswell Stock	$1,000,001 - $5,000,000	Dividends	~~$201~~ - $1,001 - 2500. JK 5/15	
	Courtland Reserves MMA	$1,001 - $15,000	Interest	$201 - $1,000	
	Savh Food & Ind. Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	111 Jacqueline Dr/Savh, GA	$50,001 - $100,000	Rent	$5,001 - $15,000	
	5 Island Dr/ Savh, GA	$100,001 - $250,000	Rent	$5,001 - $15,000	
	8424 Ferguson Ave/Savh, Ga	$15,001 - $50,000	Rent	$1,001 - $2,500	
	108 18th St/Tybee Isl, GA	$100,001 - $250,000	Rent	$201 - $1,000	
	American Capitol Venture IRA	$15,001 - $50,000	Interest	NA	
	American Capitol Venture IRA	$15,001 - $50,000	Interest	NA	

Name John Heddens Kingston | Page 4 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Roswell, GA G/O Dtd 6/1/88	$15,001 - $50,000	Interest	$201 - $1,000	
	Gwinnett City/GA Schl District	$15,001 - $50,000	Interest	$201 - $1,000	
	Putnam Municipal Stocks	$1,001 - $15,000	Interest	$201 - $1,000	
	Cats Series S Zero Coupon Govt Bond Corporate Bonds	$1,001 - $15,000	Interest	$201 - $1,000	
	Strips-TINT Govt Securities	$1,001 - $15,000	Interest	$201 - $1,000	
	Europe Fund, Inc. Stock Fund Merrill Lynch	$1,001 - $15,000	Dividends	$201 - $1,000	
	CATS Zero Coupon Bonds (M Lynch)	$1,001 - $15,000	Interest	$201 - $1,000	
	Global Income Fund-Bond (M Lynch)	$1,001 - $15,000	Interest	$201 - $1,000	
	CATS Series A Coupon (I Johnson)	$15,001 - $50,000	Interest	$201 - $1,000	
	TIGER Coupon Book	$1,001 - $15,000	Interest	$201 - $1,000	
	Franklin Custodian Utility (Stock Mutual Fund- M Lynch	$1,001 - $15,000	Dividends	$201 - $1,000	
	CATS Zero Coupon Bonds	$1,001 - $15,000	Interest	NA	
	State of GA Retirement Plan	$1,001 - $15,000		NA	
	Palmer & Cay Carswell 401K	$100,001 - $250,000	Interest	NA	
	GA Develop Authority Municipal Bond?Marietta, GA	$1,001 - $15,000	Interest	$201 - $1,000	
	STRIPS Zero Coupon Gov Bonds	$1,001 - $15,000	Interest	NA	
	CATS Zero Coupon Bond	$1,001 - $15,000	Interest	$201 - $1,000	

Name John Heddens Kingston | Page 5 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Newman Hall, Tennessee	Mortgage 111 Jacqueline Dr Savannah, GA	$15,001 - $50,000

Name John Heddens Kingston | Page 6 of 7

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source		Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
National Meat Association		2/16-18/96	Savannah, GA--San Francisco--Savannah	Y	Y	Y	No
Lee Campbell Poultry & Egg Educational Foundation		01/26/96	Savannah, GA-Atlanta-Savannah	Y	Y	N	No

Name Jack Kingston | Page 7 of 7

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
01/05/93	J Kingston & State of Georgia	Health Care Plan

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

12 PM 1:05

MC MAY -7 1997

(Office Use Only)

18

Congressman Gerald D. Kleczka
(Full Name)

3268 S 9th Street
Milwaukee, WI 53215
(Mailing Address)

414-297-1140
Daytime Telephone

Filer Status: ☒ Member of the U S House of Representatives State WI District 04 ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL Gerald D. Kleczka

DATE (Month/Day/Year) 5/2/97

Name Gerald D. Kleczka

Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
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	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	George Washington University Health Plan	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Gerald D Kleczka

Page 3 of 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples																												
SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	3262 S 9th St, Milw, WI Rental Property				X									X									X						
JT	Security Bank, Milw, WI		X												X				X										
JT	Lincoln Savings Bank, Milw, WI		X												X				X										
JT	Con Fed Credit Union, Wash, DC		X												X				X										
	WI Retirement System				NA																								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gerald D. Kleczka

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	Krupp, Insd Plus, LP,IRA		X										X									X							
SP	Income Fund of Amer, IRA		X										X							X									
SP	Kaufmann Fund, IRA		X													X			X										
SP	TIAA CREF.Retirement Acct						NA																						
SP	Piper Jaffery IRA		X										X						X										
	Dean Witter-Liquid Asset Acct			X									X								X								
-	(see attached) Dean Witter-Retirement IRA			X									X			X				X									
	Dean Witter-Nicholas Applegate Cap Mgmt (See attached)					X							X		X	X							X						
	Southtrust Corp-Stock		X										X						X										S
	Security Cap Corp-Stock				X								X							X									
	Extended Stay Amer-Stock		X										X						X										P
	Republic Ind, Inc-Stock		X										X						X										P
	Rexworks, Inc-Stock		X										X						X										P
	Cong Fed Credit Union, DC	X													X				X										

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SCHEDULE IV — TRANSACTIONS

Name Gerald D. Kleczka

Page 5 **of** 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-96		X								
	Southtrust Corp - Stock		X		1/2/96	X									
	Extended Stay Amer - Stock	X			1/8/96	X									
	Republic Ind, Inc. - Stock	X			1/2/96	X									
	Republic Ind, Inc. - Stock	X			5/13/96	X									
	Rexworks, Inc. - Stock	X			11/8/96	X									

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Name Gerald D. Kleczka **Page** 6 **of** 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	Lincoln Savings Bank, Milw, WI	Mortgage on 3262 S 9th St Milwaukee, WI Rental		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example. Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

DEAN WITTER REYNOLDS INC.

RETIREMENT ACCOUNT

FOR MONTH ENDING DECEMBER 31, 1996

PAGE 1 OF 5

Your Account Executive
MR PEAR/MR HANDO
DEAN WITTER REYNOLDS INC
1850 K STREET, N.W., SUITE 900
WASHINGTON, DC 20006
(202) 862-9000

GERALD D KLECZKA
3268 S 9TH STREET
MILWAUKEE WI 53215 4725

Account Number 642 119460 AE 022

Date of Birth November 26, 1943

IRA Rollover
Dated 03/29/95

Asset Summary

	Value	*Percent of assets*
Money Market Funds	$181.01	0.4%
Stocks/Options	0.00	0.0
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	41,063.82	99.6
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$41,244.83	100.0%
Cash	0.00	
Total Asset Value	$41,244.83	

Income Summary

	This Month	Year To Date
Money Market Funds	$0.69	$7.84
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	153.14	356.29
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	$153.83	$364.13

Activity Summary

Total Asset Value as of September 30 1996		$39,583.40
Cash/Money Market Activity		
Closing Balance as of 9/30	$179.04	
Income	209.32	
Deposits	0.00	
Assets Sold	0.00	
Other	537.70	
Withdrawals	0.00	
Assets Bought	-745.05	
Closing Balance as of 12/31	181.01	
Net Change Cash/Money Market Activity		1.97
Changes in Asset Value		
Value of Priced Assets as of 9/30	$39,404.36	
Assets Bought	745.05	
Assets Received	0.00	
Assets Sold	0.00	
Assets Delivered	0.00	
Transactions at Fund Company	764.34	
Change in Value of Priced Assets	150.07	
Value of Priced Assets as of 12/31	41,063.82	
Net Change in Asset Value		1,659.46
Total Asset Value as of December 31 1996		$41,244.83

Please see page 5 for your Account's Retirement Recap.

DEAN WITTER REYNOLDS INC.

RETIREMENT ACCOUNT
FOR MONTH ENDING DECEMBER 31, 1996
PAGE 2 OF 5

GERALD D KLECZKA
3268 S 9TH STREET

Account Number	AE
642 119460	022

ASSET DETAILS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	.00	---	---
DEAN WITTER LIQUID ASSET FUND	181.01	0.4%	9
Total Cash and Money Market Funds	$181.01	0.4%	$9

Annualized 30 Day Yields	
Dean Witter Liquid Asset Fund	4.97%
Dean Witter US Govt Money Mkt	4.39%

Mutual Funds	Current Price	Value	Pct of Assets	Est Yrly Income	Distribution Rate	Fund Plan Number	Dividend Option	Cap Gains Option
Dean Witter Mutual Funds								
170.544 DEAN WITTER EUROPEAN GROWTH	16.6200	2,834.44	6.9%	N/A	N/A	074958576	Reinv	Reinv
207.130 DEAN WITTER AMERICAN VALUE	27.0100	5,594.58	13.6%	N/A	N/A	074949836	Reinv	Reinv
39.040 DEAN WITTER DIVIDEND GROWTH	44.5700	1,740.01	4.2%	N/A	N/A	074953221	Reinv	Reinv
102.625 TCH/DH CORE EQUITY TRUST	15.6600	1,607.10	3.9%	N/A	N/A	074963464	Reinv	Reinv
188.758 TCH/DH SMALL CAP GROWTH	17.6700	3,335.35	8.1%	N/A	N/A	075065699	Reinv	Reinv
Total Dean Witter Mutual Funds		15,111.48	36.7%	N/A	N/A			
Other Mutual Funds								
151.298 TEMPLETON DEVELOPING MARKETS	15.4000	2,329.98	5.6%	N/A	N/A	0001875029	Reinv	Reinv
43.810 ALLIANCE TECHNOLOGY CLASS B	47.9300	2,099.81	5.1%	N/A	N/A	2820033019	Reinv	Reinv
91.217 ALLIANCE GROWTH FUND CL B	30.0000	2,736.51	6.6%	N/A	N/A	5310249994	Reinv	Reinv
74.455 MFS EMERGING GROWTH FUND CL B	29.9400	2,229.18	5.4%	N/A	N/A	0000977566	Reinv	Reinv
86.871 OPPEN MAIN ST INC & GRTH A	28.7400	2,496.67	6.1%	N/A	N/A	7007002667	Reinv	Reinv
95.388 AIM - CONSTELLATION FUND	25.2600	2,409.50	5.8%	N/A	N/A	5004636956	Reinv	Reinv
138.567 AMCAP FUND	14.1600	1,962.10	4.8%	N/A	N/A	0146840389	Reinv	Reinv
93.981 EUROPACIFIC GROWTH FUND	26.0400	2,447.26	5.9%	N/A	N/A	0241492396	Reinv	Reinv
92.308 FRANKLIN SPECIAL EQUITY INCM	16.7700	1,548.00	3.8%	N/A	N/A	1391084387	Reinv	Reinv
66.244 AMERICAN FDS INVES CO OF AMER	24.2300	1,605.09	3.9%	N/A	N/A	0166130546	Reinv	Reinv
228.908 TEMPLETON FOREIGN FUND	10.3600	2,371.48	5.7%	N/A	N/A	4950600216	Reinv	Reinv
69.958 WASHINGTON MUTUAL INVESTORS FD	24.5400	1,716.76	4.2%	N/A	N/A	0132331799	Reinv	Reinv
Total Other Mutual Funds		25,952.34	62.9%	N/A	N/A			
Total Mutual Funds		$41,063.82	99.6%	N/A	N/A			

Asset Summary	Value	Est Yrly Income
Total Asset Value	41,244.83	$9

DEAN WITTER REYNOLDS INC.

1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

PAGE 1 OF 10

Your Account Executive
MR PEAR/MR HANDO
DEAN WITTER REYNOLDS INC
1850 K STREET, N W., SUITE 900
WASHINGTON, DC 20006
(202) 862-9000

Account Number AE
642 119411 022

AAA Customer Service
1-800-869-DEAN

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE
3268 SOUTH 9TH STREET
MILWAUKEE WI 53215 4725

Asset Summary (Year End)

	Value	*Percent of assets*
Money Market Funds	$1,913.47	1.7%
Stocks/Options	105,098.32	98.3
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	0.00	0.0
Mutual Funds	0.00	0.0
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	$107,011.79	100.0%
Cash	3.30	
Total Asset Value	$107,015.09	

Income Summary for 1996

Money Market Funds	$203.01
Stocks	479.24
Municipal Bonds	0.00
Corporate Fixed Income	0.00
Government Securities	0.00
Mutual Funds	0.00
Unit Investment Trusts	0.00
Certificates of Deposit	0.00
Other	0.00
Total Income	$682.25
Taxable Income	$682.25
Tax Exempt Income	$0.00

Activity Summary for 1996

Total Asset Value as of January 1 1996		$91,731.70
Summary of Activity Categories for 1996		
Income	$682.25	
Deposits	0.00	
Assets Sold	95,515.78	
Other	-2,572.79	
Checking	0.00	
Visa	0.00	
Withdrawals	0.00	
Assets Bought	-95,895.09	
Changes in Asset Value for 1996		
Value of Priced Assets as of 1/1/96	$87,545.08	
Assets Bought	95,895.09	
Assets Received	0.00	
Assets Sold	-95,515.78	
Assets Delivered	0.00	
Change in Value of Priced Assets	17,173.93	
Value of Priced Assets as of 12/31/96	105,098.32	
Net Change In Asset Value		17,553.24
Total Asset Value as of December 31 1996		$107,015.09

The Active Assets Account provides up to $50 million in securities protection, $500,000 in coverage through the Securities Investor Protection Corp , and $49.5 million through independent third party coverage purchased by Dean Witter

DEAN WITTER REYNOLDS INC.

1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411
AE 022

YEAR END ASSETS

Cash and Money Market Funds	Amount	Pct of Assets	Est Yrly Income
CASH	3.30	---	---
DEAN WITTER INSURED ACCOUNT	1,913.47	1.7%	89
Total Cash and Money Market Funds	$1,916.77	1.7%	$89

Annualized 30 Day Yields	
Active Assets Money Trust	5.06%
Active Assets Govt. Sec Tr.	4.78%
Active Assets California Tax Free	2.84%
Active Assets Tax Free Trust	3.06%
Dean Witter Insured Account	4.69%
Active Assets Deposit Account	4.69%

Stocks/Options		Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Additional Information
Common Stocks							
46	ADC TELECOMMUNICATIONS	31 1/8	1,431.75	1.4%	0	0.00%	
30	AMER POWER CONVER	27 1/4	817.50	0.8%	0	0.00%	
46	APOLLO GROUP INC	33 3/8	1,535.25	1.5%	0	0.00%	
28	ASCEND COMMUNICATIONS INC	62 1/8	1,739.50	1.7%	0	0.00%	
62	BED BATH & BEYOND INC	24 1/4	1,503.50	1.4%	0	0.00%	
30	BLYTH INDUSTRIES INC	45 5/8	1,368.75	1.3%	0	0.00%	
34	BMC SOFTWARE	41 3/8	1,406.75	1.3%	0	0.00%	
39	BOSTON CHICKEN INC	35 7/8	1,399.12	1.3%	0	0.00%	
51	CADENCE DESIGN SYSTEM	39 1/2	2,014.50	1.9%	0	0.00%	
56	CALLAWAY GOLF COMPANY	28 3/4	1,610.00	1.5%	13	.83%	.... Next Dividend Payable 02/97
32	CASCADE COMMUNICATION CORP	55 1/8	1,764.00	1.6%	0	0.00%	
29	CATALINA MARKETING CORP	55 1/8	1,598.62	1.5%	0	0.00%	
37	CHARTER ONE FINCL	42	1,554.00	1.5%	34	2.19%	.... Next Dividend Payable 02/97
31	CHESAPEAKE ENERGY CORP	55 5/8	1,724.37	1.6%	0	0.00%	
61	COGNOS INC	28 1/8	1,715.62	1.6%	0	0.00%	
54	COMAIR HOLDINGS	24	1,296.00	1.2%	12	1.00%	.... Next Dividend Payable 02/97
74	COMPUSA INC	20 3/4	1,535.50	1.4%	0	0.00%	
32	COMPUWARE CORP	50 1/8	1,604.00	1.5%	0	0.00%	
67	CONCORD EFS INC	28 1/4	1,892.75	1.8%	0	0.00%	
32	CONSECO INC	63 3/4	2,040.00	1.9%	8	.39%	.... Next Dividend Payable 01/02/97
60	CORRECTIONS CP OF AMER	30 1/2	1,830.00	1.7%	0	0.00%	
26	DIEBOLD INC	62 7/8	1,634.75	1.5%	17	1.08%	.... Next Dividend Payable 03/97
22	DOLLAR GENERAL CORPORATION	32	704.00	0.7%	4	.62%	.... Next Dividend Payable 03/97
50	DSP COMMUNICATION INC	19 3/8	968.75	0.9%	0	0.00%	
38	DURA PHARMACEUTICALS	47 3/4	1,814.50	1.7%	0	0.00%	
51	EDWARDS AG INCORPORATED	33 5/8	1,714.87	1.6%	32	1.90%	.... Next Dividend Payable 01/02/97
16	ENSCO INTL INC	48 1/2	776.00	0.7%	0	0.00%	
48	EQUIFAX INC	30 5/8	1,470.00	1.4%	15	1.07%	.... Next Dividend Payable 03/97
42	FLEETWOOD ENTERPRISES	27 1/2	1,155.00	1.1%	26	2.32%	.... Next Dividend Payable 02/12/97
32	FORE SYSTEMS INC	32 7/8	1,052.00	1.0%	0	0.00%	
48	GARTNER GROUP CL A	38 7/8	1,866.00	1.7%	0	0.00%	
39	GATEWAY 2000 INC	53 1/2	2,086.50	1.9%	0	0.00%	
44	GREEN TREE FINANCIAL CORP	38 5/8	1,699.50	1.6%	13	.77%	.... Next Dividend Payable 03/97

DEAN WITTER REYNOLDS INC.

1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411 AE 022

Stocks/Options		Current Price	Value	Pct of Assets	Est Yrly Income	Dividend Yield	Additional Information
Common Stocks							
24	GUIDANT CORP	57	1,368.00	1.3%	2	.17%	.... Next Dividend Payable 03/97
32	HBO & CO	59 3/8	1,900.00	1.8%	2	.13%	.... Next Dividend Payable 01/20/97
64	HEALTH MGMT ASSOC CL A	22 1/2	1,440.00	1.3%	0	0.00%	
36	HFS INCORPORATED	59 3/4	2,151.00	2.0%	0	0.00%	
61	LA QUINTA INNS INC	19 1/8	1,166.62	1.1%	4	.36%	.... Next Dividend Payable 03/97
44	LCI INTL INC	21 5/8	951.50	0.9%	0	0.00%	
36	LINCARE HLDGS INC	41	1,476.00	1.4%	0	0.00%	
44	LIZ CLAIBORNE	38 5/8	1,699.50	1.6%	19	1.16%	.... Next Dividend Payable 03/97
19	NATIONAL DATA CORP	43 1/2	826.50	0.8%	5	.68%	.... Next Dividend Payable 02/97
96	NOBLE DRILLING	19 7/8	1,908.00	1.8%	0	0.00%	
32	OXFORD HEALTH PLANS	58 1/2	1,872.00	1.7%	0	0.00%	
36	PAIRGAIN TECHNOLOGIES	30 3/8	1,093.50	1.0%	0	0.00%	
40	PARAMETRIC TECHNOLOGY CORP	51 3/8	2,055.00	1.9%	0	0.00%	
60	PEOPLESOFT INC	47 7/8	2,872.60	2.7%	0	0.00%	
37	PHYCOR INC	28 3/8	1,049.87	1.0%	0	0.00%	
20	QUINTILES TRANSNATIONAL	66 1/4	1,325.00	1.2%	0	0.00%	
54	REYNOLDS&REYNOLDS A	26	1,404.00	1.3%	17	1.23%	.... Next Dividend Payable 01/14/97
62	ROBERT HALF INT	34 1/8	2,115.75	2.0%	0	0.00%	
35	ROWAN COMPANIES INC	22 5/8	791.87	0.7%	0	0.00%	
60	SAFEWAY INC COM NEW	42 3/4	2,565.00	2.4%	0	0.00%	
20	STAR BANC CORP	91 7/8	1,837.50	1.7%	37	2.04%	.... Next Dividend Payable 01/15/97
38	STORAGE TECHNOLOGY CORP NEW	47 7/8	1,819.25	1.7%	0	0.00%	
17	STUDENT LN MKTG ASSOC NEW VTG	93 1/8	1,583.12	1.5%	29	1.88%	.... Next Dividend Payable 03/97
50	SYBRON INTL CP WISC	33	1,650.00	1.5%	0	0.00%	
42	T C F FINANCIAL	43 1/2	1,827.00	1.7%	31	1.72%	.... Next Dividend Payable 02/97
56	THE MONEY STORE INC	27 5/8	1,547.00	1.4%	6	.43%	.... Next Dividend Payable 03/97
42	TJX COS INC NEW	47 3/8	1,989.75	1.9%	11	.59%	.... Next Dividend Payable 02/97
47	UNITED WASTE SYSTEMS INC	34 3/8	1,615.62	1.5%	0	0.00%	
61	USA WASTE SVC	31 7/8	1,944.37	1.8%	0	0.00%	
15	VITESSE SEMICONDUCTORS	45 1/2	682.50	0.6%	0	0.00%	
54	WESTERN DIGITAL CORPORATION	56 7/8	3,071.25	2.9%	0	0.00%	
64	WOOLWORTH CORP	22	1,408.00	1.3%	0	0.00%	
17	ZIONS BANCORP	104	1,768.00	1.7%	29	1.69%	.... Next Dividend Payable 01/28/97
Total Stocks/Options			$105,098.32	98.3%	$378	.36%	

Asset Summary	Value	Est Yrly Income
Total Asset Value	107,015.09	$468

1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number AE
642 119411 022

1996 ACTIVITY DETAILS

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	01-23	Sold	41	ACE LIMITED ORD	39.5560	1,621.74	
	09-09	Sold	37	ADAPTEC INC	48.5838	1,797.60	
	10-08	Bought	23	ADC TELECOMMUNICATIONS	63	1,449.00	
	10-31	Stock Dividend	23	ADC TELECOMMUNICATIONS			
	04-26	Sold	30	ALTERA CP	50.3300	1,509.90	
	12-09	Bought	30	AMER POWER CONVER	24.6387	739.16	
	02-29	Bought	34	AMER RE CORP	39.7500	1,351.50	
	09-04	Sold	34	AMER RE CORP	63.0228	2,142.70	
	07-30	Sold	33	AMERICA ONLINE INC	26.9680	889.94	
	01-18	Sold	45	AMERICAN FINANCIAL GROUP INC	31.2500	1,406.20	
	07-31	Bought	46	APOLLO GROUP INC	27.2930	1,255.48	
	03-08	Sold	42	ASARCO INC	31.3930	1,318.46	
	01-30	Bought	28	ASCEND COMMUNICATIONS INC	43.4020	1,215.26	
	11-04	Sold	43	ATMEL CORPORATION	25.5384	1,098.15	
	02-05	Bought	24	AVERY DENNISON CORPORATION	53.7610	1,290.26	
	07-30	Sold	24	AVERY DENNISON CORPORATION	51.7500	1,241.95	
	05-20	Sold	25	AVNET INC	53.0680	1,326.40	
	01-23	Sold	35	BANK BOSTON CORP	43.3780	1,518.17	
	04-23	Sold	37	BAY NETWORKS INC	29.1480	1,078.44	
	01-22	Sold	59	BEAR STEARNS COMPANIES INC	19.6370	1,158.54	
	02-01	Bought	31	BED BATH & BEYOND INC	39.9850	1,239.54	
	04-30	Stock Dividend	31	BED BATH & BEYOND INC			
	09-12	Bought	30	BLYTH INDUSTRIES INC	44	1,320.00	
	10-08	Bought	17	BMC SOFTWARE	85.4130	1,452.02	
	11-18	Stock Dividend	17	BMC SOFTWARE			
	04-24	Sold	43	BOST SCIENTIFIC CORP	42.5720	1,830.53	
	01-02	Bought	39	BOSTON CHICKEN INC	33.2030	1,294.92	
	01-29	Sold	30	BOWATER INCORPORATED	33.6420	1,009.22	
	03-19	Bought	20	C-CUBE MICROSYSTEMS INC	64.2870	1,285.74	
	07-31	Sold	20	C-CUBE MICROSYSTEMS INC	24.7500	495.00	
	05-31	Stock Dividend	17	CADENCE DESIGN SYSTEM			
	01-04	Bought	56	CALLAWAY GOLF COMPANY	22.3630	1,252.33	
	03-22	Bought	16	CASCADE COMMUNICATION CORP	84.7060	1,355.30	
	05-30	Stock Dividend	16	CASCADE COMMUNICATION CORP			
	12-28	Stock Dividend	11	CASTLE & COOKE INC			DISTRIBUTION FROM DOL
	01-22	Sold	11	CASTLE & COOKE INC	14.6250	160.87	
	10-16	Bought	29	CATALINA MARKETING CORP	50.8750	1,475.38	
	09-09	Bought	36	CHARTER ONE FINCL	38	1,368.00	
	09-30	Stock Dividend	1	CHARTER ONE FINCL			
	05-24	Bought	21	CHESAPEAKE ENERGY CORP	70.3170	1,476.66	
	06-28	Stock Dividend	10	CHESAPEAKE ENERGY CORP			
	02-02	Sold	49	COCA COLA ENTERPRISES INC	25.4020	1,244.65	
	07-17	Bought	61	COGNOS INC	21.7500	1,326.75	
	05-17	Stock Dividend	18	COMAIR HOLDINGS			

DEAN WITTER REYNOLDS INC.

1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411
AE 022

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	06-26	Bought	37	COMPUSA INC	36.7500	1,359.75	
	12-02	Stock Dividend	37	COMPUSA INC			
	09-17	Bought	32	COMPUWARE CORP	43.1250	1,380.00	
	01-16	Bought	30	CONCORD EFS INC	38	1,140.00	TRADE CARRIES STOCK DISTRIB.
	01-18	Stock Dividend	15	CONCORD EFS INC			
	06-28	Stock Dividend	22	CONCORD EFS INC			
	01-24	Sold	19	CONRAIL INC	68.7010	1,305.27	
	01-26	Sold	20	CONS PAPERS INC	53.8520	1,077.00	
	09-06	Bought	32	CONSECO INC	41.0471	1,313.51	
	05-23	Bought	25	CONTINENTIAL ALNS INC CL B	57.9430	1,448.58	
	07-16	Stock Dividend	25	CONTINENTIAL ALNS INC CL B			
	11-05	Sold	50	CONTINENTIAL ALNS INC CL B	24.6904	1,234.47	
	02-06	Bought	30	CORRECTIONS CP OF AMER	42.4630	1,273.89	
	07-02	Stock Dividend	30	CORRECTIONS CP OF AMER			
	01-24	Sold	57	COUNTRYWIDE CREDIT INDS DEL	21.1250	1,204.08	
	05-15	Sold	74	CYPRESS SEMICONDUCTOR DELA	13.4370	994.30	
	02-05	Bought	16	CYTEC INDUSTRIES INC	76.9140	1,230.62	
	04-23	Sold	16	CYTEC INDUSTRIES INC	85.5000	1,367.95	
	02-20	Sold	42	DELL COMPUTER CORP	31.3660	1,317.37	
	09-06	Bought	26	DIEBOLD INC	51.2393	1,332.22	
	02-22	Sold	34	DOLE FOOD CO INC	39.2500	1,334.45	
	12-19	Bought	22	DOLLAR GENERAL CORPORATION	33.1250	728.75	
	10-07	Bought	25	DSP COMMUNICATION INC	58.1090	1,452.73	
	12-02	Stock Dividend	25	DSP COMMUNICATION INC			
	09-18	Bought	38	DURA PHARMACEUTICALS	38	1,444.00	
	03-21	Sold	20	EASTMAN CHEMICAL COMPANY	71.7560	1,435.07	
	02-06	Bought	51	EDWARDS AG INCORPORATED	25.2240	1,286.42	
	04-26	Bought	37	EL PASO NATURAL GAS COM NEW	37.5000	1,387.50	
	07-22	Sold	37	EL PASO NATURAL GAS COM NEW	40.6250	1,503.07	
	12-20	Bought	16	ENSCO INTL INC	43.5000	696.00	
	11-06	Bought	48	EQUIFAX INC	30.4206	1,460.19	
	03-01	Bought	50	FLEETWOOD ENTERPRISES	27	1,350.00	
	05-22	Sold	50	FLEETWOOD ENTERPRISES	26.8570	1,342.80	
	08-01	Bought	42	FLEETWOOD ENTERPRISES	29.7500	1,249.50	
	01-12	Sold	18	FMC CORP NEW	70	1,259.95	
	05-30	Bought	16	FORE SYSTEMS INC	88	1,408.00	TRADE CARRIES STOCK DISTRIB.
	06-03	Stock Dividend	16	FORE SYSTEMS INC			
	01-25	Bought	24	GARTNER GROUP CL A	51.3150	1,231.56	
	03-29	Stock Dividend	24	GARTNER GROUP CL A			
	04-29	Bought	39	GATEWAY 2000 INC	39.1940	1,528.57	
	04-26	Bought	19	GENETICS INST DEP SH REP 1 COM	72.5000	1,377.50	
	10-10	Sold	19	GENETICS INST DEP SH REP 1 COM	67.4500	1,281.55	
	02-07	Bought	43	GRAND CASINOS	30	1,290.00	
	07-03	Sold	43	GRAND CASINOS	26.0060	1,118.22	
	02-05	Bought	44	GREEN TREE FINANCIAL CORP	29.1680	1,283.39	
	07-31	Bought	24	GUIDANT CORP	51.4530	1,234.87	

DEAN WITTER REYNOLDS INC.

1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411
AE 022

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	03-22	Bought	35	HARNISCHFEGER IND INC	39.2570	1,374.00	
	06-20	Sold	35	HARNISCHFEGER IND INC	34	1,189.96	
	06-10	Stock Dividend	16	HBO & CO			
	02-28	Bought	43	HEALTH MGMT ASSOC CL A	30.9860	1,332.40	
	06-14	Stock Dividend	21	HEALTH MGMT ASSOC CL A			
	10-07	Sold	37	HEALTHCARE COMPARE CP	46.4330	1,718.02	
	02-14	Stock Dividend	18	HFS INCORPORATED			
	01-19	Stock Dividend	31	IBP INC			
	02-20	Sold	62	IBP INC	26.2500	1,627.44	
	02-29	Bought	28	IDEXX LABS	49.1600	1,376.48	
	06-18	Sold	28	IDEXX LABS	44.0370	1,233.04	
	02-07	Bought	51	INPUT OUTPUT INC	25.7640	1,313.96	
	12-11	Sold	51	INPUT OUTPUT INC	18.7130	954.32	
	07-30	Sold	31	KING WORLD PRODUCTION	34.3790	1,065.71	
	03-18	Sold	34	KLA INSTRUMENTS	22.1680	753.71	
	01-10	Stock Dividend	20	KOMAG INC			
	07-30	Sold	40	KOMAG INC	21.3460	853.84	
	07-15	Stock Dividend	20	LA QUINTA INNS INC			
	07-17	Bought	41	LA QUINTA INNS INC	30.9800	1,270.18	TRADE CARRIES STOCK DISTRIB.
	01-22	Sold	21	LAM RESEARCH CORPORATION	36.5930	768.45	
	07-31	Bought	44	LCI INTL INC	28.7230	1,263.81	
	05-21	Sold	67	LEHMAN BROS HOLDING INC DELA	25.6070	1,715.61	
	04-29	Bought	36	LINCARE HLDGS INC	39.5000	1,422.00	
	05-20	Sold	32	LINEAR TECHNOLOGY CORPORATION	33.9200	1,085.44	
	05-23	Bought	19	LUXOTTICA GROUP SPA SPON ADR	77.7500	1,477.25	
	12-05	Sold	19	LUXOTTICA GROUP SPA SPON ADR	63	1,196.96	
	07-16	Sold	30	MACROMEDIA INCORPORATED	14.7650	442.95	
	02-20	Sold	18	MC DONNELL DOUGLAS	90.8790	1,635.76	
	01-24	Sold	22	MEAD CORP	50.2970	1,106.49	
	04-30	Sold	25	MERCURY GENL CP NEW	41	1,025.00	
	04-24	Sold	30	MEREDITH CORPORATION	40.6930	1,220.74	
	12-09	Bought	19	NATIONAL DATA CORP	39.5000	750.50	
	04-30	Bought	96	NOBLE DRILLING	14.9960	1,439.62	
	01-23	Sold	21	NOVELLUS SYSTEM	46.6610	979.88	
	04-30	Stock Dividend	21	OLD REPUBLIC INTL CP			
	05-22	Sold	64	OLD REPUBLIC INTL CP	21.7120	1,389.52	
	02-26	Bought	28	OMNICARE INC	44.7500	1,253.00	
	06-27	Stock Dividend	28	OMNICARE INC			
	09-09	Sold	56	OMNICARE INC	24.7019	1,383.26	
	06-21	Bought	32	OXFORD HEALTH PLANS	42.7610	1,368.35	
	04-26	Bought	64	PAINE WEBBER GROUP INC	21.4820	1,374.85	
	10-04	Sold	64	PAINE WEBBER GROUP INC	21.2543	1,360.23	
	10-09	Bought	18	PAIRGAIN TECHNOLOGIES	82.5000	1,485.00	
	12-18	Stock Dividend	18	PAIRGAIN TECHNOLOGIES			
	02-29	Stock Dividend	20	PARAMETRIC TECHNOLOGY CORP			
	11-29	Stock Dividend	30	PEOPLESOFT INC			

DEAN WITTER REYNOLDS INC.

1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411 AE 022

Assets	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	04-29	Bought	43	PEP BOYS CO MANNY MOE & JACK	33.8030	1,453.53	
	07-31	Sold	43	PEP BOYS CO MANNY MOE & JACK	29.5170	1,269.18	
	02-27	Sold	20	PHELPS DODGE CORP	60	1,199.96	
	01-30	Bought	25	PHYCOR INC	50.5810	1,259.53	
	06-14	Stock Dividend	12	PHYCOR INC			
	04-24	Sold	37	PICTURE TEL NEW	32.9050	1,217.49	
	03-19	Bought	20	QUINTILES TRANSNATIONAL	63.8780	1,277.56	
	03-18	Sold	35	RAYONIER INCORPORATED	35.0080	1,225.23	
	01-26	Sold	22	REYNOLDS METALS CO	50.6340	1,113.91	
	09-06	Bought	27	REYNOLDS&REYNOLDS A	49.8630	1,346.30	TRADE CARRIES STOCK DISTRIB.
	09-17	Stock Dividend	27	REYNOLDS&REYNOLDS A			
	01-31	Bought	31	ROBERT HALF INT	40.2000	1,246.20	
	06-07	Stock Dividend	31	ROBERT HALF INT			
	12-10	Bought	35	ROWAN COMPANIES INC	22	770.00	
	01-30	Stock Dividend	30	SAFEWAY INC COM NEW			
	03-25	Stock Dividend	24	STAPLES INC			
	09-13	Sold	72	STAPLES INC	18.3750	1,323.00	
	02-23	Bought	20	STAR BANC CORP	64.3710	1,287.42	
	08-01	Bought	38	STORAGE TECHNOLOGY CORP NEW	33.5000	1,273.00	
	01-31	Bought	17	STUDENT LN MKTG ASSOC NEW VTG	72.8170	1,237.89	
	09-04	Sold	98	SUN MICROSYSTEMS INC	56.6721	5,553.87	
	10-08	Bought	50	SYBRON INTL CP WISC	29.8270	1,491.35	
	01-22	Sold	32	TELLABS INC DELAWARE	32.9640	1,054.85	
	01-22	Sold	32	TENCOR INSTRUMENTS	19.8840	636.29	
	02-27	Sold	44	TERADYNE INC	21.5780	949.39	
	03-21	Bought	56	THE MONEY STORE INC	25.6310	1,435.34	
	05-15	Stock Dividend	10	THERMO CARDIOSY			
	09-12	Sold	31	THERMO CARDIOSY	32.2500	999.71	
	01-31	Bought	16	THOMAS & BETTS CORP	76.9120	1,230.59	
	03-19	Sold	16	THOMAS & BETTS CORP	72.0380	1,152.57	TRADE CARRIES STOCK DISTRIB.
	10-07	Sold	45	TIDEWATER INC	37.2411	1,675.79	
	05-31	Bought	42	TJX COS INC NEW	35	1,470.00	
	03-20	Sold	26	UNION BK SF CAL	52.5000	1,365.00	
	09-05	Bought	47	UNITED WASTE SYSTEMS INC	29.5000	1,386.50	
	05-10	Stock Dividend	22	US ROBOTICS CORP			
	10-04	Sold	44	US ROBOTICS CORP	63.9250	2,812.70	
	02-05	Bought	61	USA WASTE SVC	20.7500	1,265.75	
	12-09	Bought	15	VITESSE SEMICONDUCTORS	48.2500	723.75	
	09-05	Bought	31	VONS CO INC	43.7255	1,355.49	
	12-06	Sold	31	VONS CO INC	52.7898	1,636.42	
	07-16	Sold	29	WATSON PHARMACEUTICAL INC	34.5000	1,000.50	
	06-03	Bought	54	WESTERN DIGITAL CORPORATION	27.2770	1,472.96	
	01-03	Sold	45	WESTVACO CORPORATION	26.5720	1,195.70	
	01-23	Sold	36	WILLIAMS CO INC	44.0040	1,584.08	
	09-17	Bought	64	WOOLWORTH CORP	21.4950	1,375.68	
	04-23	Sold	39	XILINX INC	31.2770	1,219.80	

DEAN WITTER REYNOLDS INC.

1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411
AE 022

Income	Activity	Description	Amount	Income Category
	Dividend	DEAN WITTER LIQUID ASSET FUND	45.68	Money Market Funds
	Taxable Interest	DEAN WITTER INSURED ACCOUNT	157.33	Money Market Funds
		Sub Total Money Market Funds	$203.01	
	Dividend	ACE LIMITED ORD	5.74	Stocks
	Dividend	AMER RE CORP	6.46	Stocks
	Dividend	AMERICAN FINANCIAL GROUP INC	11.25	Stocks
	Dividend	ASARCO INC	8.40	Stocks
	Dividend	AVERY DENNISON CORPORATION	14.40	Stocks
	Dividend	AVNET INC	7.50	Stocks
	Dividend	BOWATER INCORPORATED	4.50	Stocks
	Dividend	CALLAWAY GOLF COMPANY	13.44	Stocks
	Dividend	CHAMPION INTERNATIONAL CORP	1.25	Stocks
	Dividend	CHARTER ONE FINCL	8.51	Stocks
	Dividend	COMAIR HOLDINGS	10.82	Stocks
	Dividend	CONSECO INC	2.00	Stocks
	Dividend	COUNTRYWIDE CREDIT INDS DEL	4.56	Stocks
	Dividend	DIEBOLD INC	4.42	Stocks
	Dividend	EASTMAN CHEMICAL COMPANY	16.80	Stocks
	Dividend	EDWARDS AG INCORPORATED	24.48	Stocks
	Dividend	EL PASO NATURAL GAS COM NEW	12.85	Stocks
	Dividend	EQUIFAX INC	3.96	Stocks
	Dividend	FLEETWOOD ENTERPRISES	14.22	Stocks
	Dividend	GREEN TREE FINANCIAL CORP	11.55	Stocks
	Dividend	GUIDANT CORP	1.20	Stocks
	Dividend	HARNISCHFEGER IND INC	3.50	Stocks
	Dividend	HBO & CO	2.56	Stocks
	Dividend	IBP INC	1.55	Stocks
	Dividend	LA QUINTA INNS INC	2.12	Stocks
	Dividend	LEHMAN BROS HOLDING INC DELA	6.70	Stocks
	Dividend	LINEAR TECHNOLOGY CORPORATION	2.56	Stocks
	Dividend	LIZ CLAIBORNE	19.80	Stocks
	Dividend	LUXOTTICA GROUP SPA SPON ADR	7.35	Stocks
	Dividend	MC DONNELL DOUGLAS	3.60	Stocks
	Dividend	MERCURY GENL CP NEW	6.00	Stocks
	Dividend	MEREDITH CORPORATION	3.30	Stocks
	Dividend	OLD REPUBLIC INTL CP	5.59	Stocks
	Dividend	OMNICARE INC	1.68	Stocks
	Dividend	PAINE WEBBER GROUP INC	15.36	Stocks
	Dividend	PEP BOYS CO MANNY MOE & JACK	2.25	Stocks
	Dividend	PHELPS DODGE CORP	9.00	Stocks
	Dividend	RAYONIER INCORPORATED	10.15	Stocks
	Dividend	REYNOLDS METALS CO	7.70	Stocks
	Dividend	STAR BANC CORP	28.20	Stocks
	Dividend	STUDENT LN MKTG ASSOC NEW VTG	27.88	Stocks
	Dividend	T C F FINANCIAL	30.17	Stocks
	Dividend	THE MONEY STORE INC	4.48	Stocks

DEAN WITTER REYNOLDS INC.

1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number	AE
642 119411	022

Income

Activity	Description	Amount	Income Category
Dividend	THOMAS & BETTS CORP	8.96	Stocks
Dividend	TIDEWATER INC	17.99	Stocks
Dividend	TJX COS INC NEW	5.88	Stocks
Dividend	UNION BK SF CAL	18.20	Stocks
Dividend	US ROBOTICS CORP	.11	Stocks
Dividend	WESTVACO CORPORATION	9.90	Stocks
Dividend	ZIONS BANCORP	28.39	Stocks
	Sub Total Stocks	$479.24	
	Total Income	$682.25	

Other

Date	Activity	Description	Amount	Additional Information
12-28	Stock Dividend	CASTLE & COOKE INC	5.16	CASH IN LIEU FRACTIONAL SHARE
01-18	Journal Out	ACCESS 1Q96 FEE NIC	-630.18	
04-18	Journal Out	ACCESS 2Q96 FEE NIC	-663.36	
04-30	Stock Dividend	OLD REPUBLIC INTL CP	10.25	CASH IN LIEU FRACTIONAL SHARE
05-15	Stock Dividend	THERMO CARDIOSY	26.50	CASH IN LIEU FRACTIONAL SHARE
06-14	Stock Dividend	HEALTH MGMT ASSOC CL A	9.37	CASH IN LIEU FRACTIONAL SHARE
06-14	Stock Dividend	PHYCOR INC	15.50	CASH IN LIEU FRACTIONAL SHARE
06-28	Stock Dividend	CONCORD EFS INC	12.25	CASH IN LIEU FRACTIONAL SHARE
06-28	Stock Dividend	CHESAPEAKE ENERGY CORP	31.93	CASH IN LIEU FRACTIONAL SHARE
07-15	Stock Dividend	LA QUINTA INNS INC	8.37	CASH IN LIEU FRACTIONAL SHARE
07-17	Journal Out	ACCESS 3Q96 FEE NIC	-697.57	
09-30	Stock Dividend	CHARTER ONE FINCL	32.00	CASH IN LIEU FRACTIONAL SHARE
10-17	Journal Out	ACCESS 4Q96 FEE NIC	-735.01	
		Total	-$2,572.79	

Dean Witter Fund Summary

	Ytd Dividends	Ytd Cap Gains	Ytd Taxes	Ytd Redemptions	Ytd Purchases	Features
DEAN WITTER LIQUID ASSET FUND	45.68	0.00	0.00	12,045.68	12,045.68	Reinvest Dividends
TOTALS	$45.68	$0.00	$0.00	$12,045.68	$12,045.68	

For Dean Witter Mutual Fund Account Information, call 1-800-869-NEWS(6397).

DEAN WITTER REYNOLDS INC.

1996 ACTIVE ASSETS® ANNUAL SUMMARY STATEMENT

PAGE 10 OF 10

THE HONORABLE GERALD D KLECZKA
ACCESS #1-NICHOLAS-APPLEGATE

Account Number 642 119411
AE 022

Dean Witter Fund Summary

DEAN WITTER LIQUID ASSET FUND

Following are the Fund's 30-day average annualized yields during the past quarter: October 4.99%, November 4.98% and December 4.97%.

Tax Information

	For 1996
Reportable Gross Proceeds	94,466.25

The tax information provided above should be used only as a guide; A complete 1099 will be sent to you.

Messages

Please note that sell trades executed, checks written and Visa transactions made in 1996, and which settle early in 1997, will be reflected as 1996 transactions under the Assets, Checking and Visa sections of the Activity Details portion of the statement.

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

97 MAY 20 PM 12:07

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Ronald Klink (Full Name)

3410 Lashan Drive
Murrysville, PA 15668-9480 (Mailing Address)

(202) 225-2565 (Daytime Telephone)

MAY 15 1997
MC
(Office Use Only)
9

Filer Status: ☒ Member of the U.S. House of Representatives — State: PA, District: 4th CD; ☒ Officer or Employee — Employing Office: US House of Representatives

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5-15-97

Name Ronald Klink

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Linda Klink, Beauty Shop	Spouse/Self Employes	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Ronald Klink

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	Non Prescription Drug MFG. ASC. (NDMA)	Speech	Sept. 19, 1996	$500.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Ronald Klink

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BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	East Ohio Street Properties			X									Partnership Income									X							
SP	Inland Monthly Inc. Fund			X									Partnership Income							X									
JT	Dagwood, Inc.			X									X						X										
JT	Westinghouse Common Stock				X														X										
JT	Irwin Bank			X											X				X										
JT	Irwin Bank		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald Klink

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
JT	Paine Webber – Mutual Funds IRA			X									X		X	X			N/A		–	IRA							
SP	Paine Webber – Mutual Funds IRA			X									X		X	X			N/A		–	IRA							
SP	Resources Trust IRA	X											X		X	X			N/A		–	IRA							
SP	Canada Life Assurance Company IRA		X										X		X	X			N/A		–	IRA							
SP	Pioneer III IRA		X										X		X	X			N/A		–	IRA							
JT	The American Funds Group IRA	X											X		X	X			N/A		–	IRA							
DC	Pioneer II		X										X			X				X									
SP	Washington Mutual Inc. Fund IRA		X										X						N/A		–	IRA							
JT	Great Western Financial				X								X						X										
JT	Fore Systems		X										X						X										
JT	Rob Roy Ind.		X										X						X										
DC	Microsoft		X										X						X										
DC	II VI Corp.		X										X						X										

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SCHEDULE IV — TRANSACTIONS

Name Ronald Klink

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
JT	Great Western Financial	X			11-27-96			X							
JT	Fore Systems	X			11-27-96	X									
JT	Rob Roy Ind.	X			11-27-96	X									
DC	Microsoft	X			11-27-96	X									
DC	II VI Corp.	X			11-27-96	X									

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Name Ronald Klink

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Ronald Klink **Page** 8 **of** 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples. Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples. Roycroft Corporation	Aug 6–13	Wash , D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
National Coordinating Committee Justice for Cyrpus	Nov. 12-14	PGH - Athens Greece - PGH	Y	Y	N	N

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Name Ronald Klink	**Page** 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY -7 PM 3:50

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

MC

Scott Klug
(Full Name)

737 Seneca Place
(Mailing Address)

Madison, WI 53711

Daytime Telephone (202)225-2906

Filer Status	☒ Member of the U S House of Representatives — State WI, District 02	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Scott Klug M.C.

DATE (Month/Day/Year) 05-07-97

Name Scott Klug

Page 1 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	Snack Food Association, Washington, D.C.	Speech	May 15, 1996	$1000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Scott Klug

Page 2 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14-20

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
Examples	123 Main St., Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
DC	Union Electric (Keefe)			X									X							X									
DC	Kemper Municipal Bond Fund (Keefe)			X									X			X					X								
DC	Sara Lee (Keefe)		X										X						X										P
DC	Southwest Bell (Brett)			X									X								X								
DC	Pacific Telesis (Collin)		X										X							X									
DC	Phillips Petroleum (Collin)		X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name Scott Klug

Page 3 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
DC	Waste Management (Collin)		X										X							X									
JT	McCormick Spice		X										X						X										
JT	Mesa Limited Partnership	X											X						X										
	IRA - Scott			X									X																
	Anchor Bank		X										X						X										
	Money Market/Kemper		X																										
	US Treasury Securities/Kemper			X																									
	Federal Employees Retirement					X							X		X					X									
	IRA - Tess				X								X																
	Pepsi Cola			X									X						X										
	Louisiana Pacific		X										X						X										
	Money Market/Kemper			X																									
	US Treasury Securities/Kemper			X																									
JT	CUNA Credit Union Savings Acct		X												X					X									
JT	Mutual Savings Bank		X												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Scott Klug

Page 4 of 7

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E
SP, DC, JT	Asset and/or Income Source	A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	Transaction
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None - $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
	IRA - Tess Best Buy		X										X							X									

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Name Scott Klug

Page 5 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
DC	Sara Lee (Keefe)	X			3/20/96	X									

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Name Scott Klug

Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D C —Chicago—Wash., D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
US-New Zealand Council		Apr.6-13	MSN-Aukland-MSN	Y	Y	N	1 day
French American Foundation		Nov.22-25	DC- Savannah,GA-DC	Y	Y	N	1 day

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Name Scott Klug **Page** 7 **of** 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Advisors	Qualitemps, Madison, WI (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

[illegible]
97 MAY -8 PM 4: 33
[illegible]
U S HOUSE [illegible]
HAND DELIVERED
MC (Office Use Only)

(7)

Joseph K. Knollenberg (Full Name)
3576 Darcy
Bloomfield Hills, MI 48301 (Mailing Address)
(202)225-5802 (Daytime Telephone)

Filer Status	☒ Member of the U.S House of Representatives State Michigan District 11th	☐ Officer or Employee	Employing Office.
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date.

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S C app. 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5 · 8 · 97

Name Joseph K. Knollenberg | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Allstate Insurance Co., Southfield, MI	Company paid portion of group life/health insurance benefits per Agreement cited in Schedule lX. Agreement terminated as of 12-31-96.	$3,195
	Sandra Knollenberg, Bloomfield Hills, MI	Self employed income Aerobics Instructor	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Joseph K. Knollenberg

Page 3 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples	SP	Mega Corp Stock				X								X							X									P
		123 Main St , Dover, Del							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		Particle Measuring Systems, Inc. 5475 Airport Blvd., Boulder, CO 80301	X													X					X									S.
		Alliance World Income Trust, Inc. Secaucus, NJ		X										X							X									
		Washington Mutual Inv. Fund Brea, CA		X										X							X									
		NBD Bank Detroit, MI			X											X					X									
		First Federal of Michigan Detroit, MI	X													X				X										Closed Account During 1996
		The Bank of Bloomfield Hills Bloomfield Hills, MI						X								X								X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph K. Knollenberg

Page 4 of 7

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 $5,000,000	X Over $5,000,000	P, S, E
	Congressional Federal C.U. Washington, D.C.		X												X					X									
	TR Assoc. of Pine Bluff (LTD) East Lansing, MI			X									PARTNERSHIP						X										
	Farm-Thru Helen K. Knollenberg Trust Matoon, IL		X										FARM INTEREST							X									
	Research Electro Optics 1855 S. 57th Court, Boulder, CO 80301			X									X						X										
	Savings & Profit Sharing Fund of Allstate Employees (ESOP)					X							ESOP-NOT SELF DIRECTED										N/A						
	Agents Pension Plan-Defined Benefit Plan (Pre-retirement Death Benefit Value)						X						PENSION-NOT SELF DIRECTED										N/A						
	Allstate Annuity-Spouse's IRA		X										IRA-NOT SELF DIRECTED										N/A						
	Fidelity Investments Boston, MA					X							X										X						
	The Royal Bank of Scotland PLC London, England (Escrow Agent for Particle Measuring Systems- Indemnity Escrow Agreement)				X										X					X									

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Name Joseph K. Knollenberg

Page 5 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	320 Shs, Particle Measuring Systems (Reported on the installment sale method)		X		1-17-96						X				

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Name Joseph K. Knollenberg

Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time *not* at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Confederation of Indian Industry	Feb. 8- Feb. 16	Wash., DC-India-Wash. DC	Y	Y	Y	N

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Name Joseph K. Knollenberg | Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Unpaid Leave of Absence	Allstate Insurance Co., Northbrook, Illinois - W-2 issued $3,195 for portion of Group Life Benefits and Health Insurance. No services performed in 1996. See Agreement below. Agreement terminated with Mr. Knollenberg's retirement, effective Dec. 31, 1996.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
1-02-93	Joseph K. Knollenberg and Allstate Insurance Co.	Agreement covering unpaid Leave of Absence from employment during period of Government Service and continued participation in medical, dental, vision, and Life Insurance Benefit programs, as approved by the Committee on Standards of official conduct by a letter dated 1/02/93. Agreement terminated with Mr. Knollenberg's retirement, effective Dec. 31, 1996.

Use additional sheets if more space is required.

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MC (Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

James Thomas Kolbe
(Full Name)

205 Cannon House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone.
202-225-2542

Filer Status	☒ Member of the U S House of Representatives	State AZ District 05	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Jim

DATE (Month/Day/Year): MAY 14, 1997

Name James Thomas Kolbe | Page 2 of 8

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Brookings Institution	Speech	9/17/96	$ 400

Name James Thomas Kolbe | **Page** 3 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP,	*Examples.* Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC,	SP 123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Sonoita, AZ - 1/4 interest in 420 acres of land	$100,001 - $250,000	Grazing Fee	None - $200	
	Congressional Federal Credit Union - Checking and Savings	$1,001 - $15,000	Interest	$201 - $1,000	
	Arizona Bank - Checking and Savings	$1,001 - $15,000	Interest	$201 - $1,000	
	McNeil Real Estate Fund (Formerly Southmark Equity Partnership)	$1,001 - $15,000	Dividends	None - $200	
	Exeter Real Estate Investors - 1 Unit	$15,001 - $50,000	Dividends	None - $200	
	Golder Ranch Association Limited Partnership - 1/2 Unit	$1,001 - $15,000	Dividends	None - $200	
	Wood Canyon Corporation - 5% of Outstanding Shares	$50,001 - $100,000		None - $200	

Name James Thomas Kolbe | **Page** 4 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Rauscher, Pierce, Fefsnes - Daily Accumulation Fund	$15,001 - $50,000	Interest	$2,501 - $5,000	
Investment Company of America - Mutual Fund	$100,001 - $250,000	Dividends	$2,501 - $5,000	
Delaware Group Trend Fund	$15,001 - $50,000	Dividends	$201 - $1,000	P
Morgan Stanley Asia Growth Fund	$1,001 - $15,000	Dividends	None - $200	
Insured Municipal Income Trust	$1,001 - $15,000	Interest	$201 - $1,000	
Chandler Water & Sewer Revenue Bonds	$15,001 - $50,000	Interest	$1,001 - $2,500	
Philip Morris - Stock	$1,001 - $15,000	Dividends	None - $200	
Mexico Fund - Mutual Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
Medtronic, Inc. - Stock	$50,001 - $100,000	Dividends	$201 - $1,000	
Home Depot - Stock	$1,001 - $15,000	Dividends	None - $200	
CIFRA, S A - Stock	$1,001 - $15,000	Dividends	None - $200	S
Franklin Arizona Tax Free Fund	$1,001 - $15,000	Interest	$1,001 - $2,500	S
Andrew Corp. - Stock	$1,001 - $15,000	Dividends	None - $200	P
Health South Corp - Stock	$1,001 - $15,000	Dividends	None - $200	P
Merrill Lynch Accounts :				
Motorola Corp. - Stock	$15,001 - $50,000	Dividends	None - $200	
Broken Hill Proprietary - Stock	$1,001 - $15,000	Dividends	None - $200	
Esterline Corp. - Stock	$1,001 - $15,000	Dividends	None - $200	
Merrill Lynch CMA	$1,001 - $15,000	Interest	$1,001 - $2,500	
Merrill Lynch Basic Value Fund - Mutual Fund	$15,001 - $50,000	Dividends / Capital Gains	$5,001 - $15,000	
Muniyield Arizona Fund	$15,001 - $50,000	Interest	$1,001 - $2,500	
Marathon Greater China Growth Fund	$1,001 - $15,000	Dividends	None - $200	
Nicholas Applegate Emerging Growth Fund	$1,001 - $15,000	Capital Gains	$201 - $1,000	P
Merrill Lynch Equity Growth	$1,001 - $15,000	Capital Gains	$201 - $1,000	
Global Strategy Focus Fund	$1,001 - $15,000	Capital Gains	None - $200	
International Equity Focus Fund	$1,001 - $15,000	Capital Gains	None - $200	

Name James Thomas Kolbe | **Page** 5 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Merrill Lynch Prime Bond Fund	$1,001 - $15,000	Capital Gains	None - $200	
Merrill Lynch Quality Equity	$1,001 - $15,000	Capital Gains	$201 - $1,000	
Merrill Lynch IRA Accounts.				
Bank United of Texas - zero coupon	$1,001 - $15,000		None - $200	
U.S Treasury Strips - zero coupon	$15,001 - $50,000		None - $200	
Pacific Telesis - PFD stock	$1,001 - $15,000	Dividends	$201 - $1,000	P
Santander Finance, LTD - PFD Stock	$1,001 - $15,000	Dividends	$201 - $1,000	P
Alliance Workwide Privitization Fund	$1,001 - $15,000	Capital Gains	$201 - $1,000	
GT Global Telecommunication Fund	$1,001 - $15,000	Capital Gains	LOSS	
Keystone Growth and Inc Fund (formerly Keystone Custodian)	$1,001 - $15,000	Dividends / Capital Gains	$1,001 - $2,500	
Merrill Lynch Basic Value Fund	$1,001 - $15,000	Dividends / Capital Gains	$2,501 - $5,000	
Merrill Lynch Global Allocation (Formerly Flexible Strategy Fund)	$1,001 - $15,000	Dividends / Capital Gains	$201 - $1 000	
Retirement Account Money Fund	$1,001 - $15,000	Interest	$201 - $1,000	
Balanced Fund	$1,001 - $15,000	Interest	$201 - $1,000	
Scudder Latin America Fund	$1,001 - $15,000	Dividends	None - $200	
Federal Securities Trust	$1,001 - $15,000	Dividends	$201 - $1,000	

Name James Thomas Kolbe | **Page** 6 of 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Andrew Corporation - Common Stock	Purchase	08-14-96	$1,001 - $15,000
	Healthsouth Corporation - Common Stock	Purchase	08-13-96	$1,001 - $15,000
	Delaware Group Trend Fund - Mutual Fund	Purchase	08-20-96	$15,001 - $50,000
	CIFRA, S.A - ADR	Sold	12-20-96	$1,001 - $15,000
	Franklin Arizona Tax Free Income Fund	Sold	08-06-96	$15,001 - $50,000
	Nicholas Applegate Emerging Growth Fund	Purchase	05-21-96	$1,001 - $15,000
	Pacific Telesis PFD Stock	Purchase	04-01-96	$1,001 - $15,000
	Santander Finance, LTD PFD Stock	Purchase	03-13-96	$1,001 - $15,000

Name James Thomas Kolbe

Page 7 **of** 8

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash , D.C.-Chicago-Wash., D C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
World Economic Forum (Participation in conference)	02/1-6/96	Washington, DC - Zurich, Switzerland - Washington, DC	Y	Y	N	NO
World Economic Forum (Participation in conference)	06/21-26/96	Washington, DC - Buenos Aires, Argentina - Washington, DC	Y	Y	N	NO
Milliken and Company (Fact finding)	07/15/96	Washington, DC - Spartenburg, SC - Bostic, NC - Union SC - Blacksburg, SC - Spartanburg, SC - Washington, DC	N	Y	N	NO
The Apsen Institute (Participation in conference)	08/18-29/96	Tucson, AZ - St Petersburg, Russia Moscow, Russia - Tucson, AZ (flight from St Petersburg to Moscow was paid at personal expense)	Y	Y	N	YES - 7 Days
Dow Jones and Company/ The Wall Street Journal (Speech)	10/7-8/96	Tucson, AZ - New York, New York - Tucson, AZ	Y	N	N	NO
Chicago Council on Foreign Relations (Participation in conference)	11/13-19/96	Washington, DC - Santiago, Chile - Washington, DC	Y	Y	N	YES - 1 Day
Transatlantic Policy Network (Participation in conference)	11/21-24/96	Washington, DC - Brussels, Belgium - Tucson, AZ	Y	Y	N	NO

Name James Thomas Kolbe | **Page** 8 of 8

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Trustee	Embry-Riddle Aeronautical University, Daytona Beach, Florida
Director	Community Food Bank, Tucson, Arizona

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

DENNIS J. KUCINICH (Full Name)
12217 MILAN AVE.
CLEVELAND, OHIO 44111 (Mailing Address)
Daytime Telephone 216 641 8000

Mc
HAND DELIVERED (Office Use Only)

Filer Status ☑ Member of the U S House of Representatives State OH District 10 ☐ Officer or Employee Employing Office

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☑ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☑

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☑ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☑

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☑ No ☐

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☑

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☑

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☑

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10 11) Yes ☐ No ☑

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4 §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Dennis J. Kucinich

DATE (Month/Day/Year) 5/15/97

Name DENNIS J. KUCINICH | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	1/1/96 – 12/31/96 STATE OF OHIO, OHIO SENATE	SENATE SALARY	46,035 ^{96}
	1/1/96 – 12/31/96 STATE OF OHIO,	MILEAGE REIMB.	1,569 ^{48}
	1/1/97 – 1/6/97 STATE OF OHIO, OHIO SENATE	SENATE SALARY	684 ^{30}

For payments to charity in lieu of honoraria, use Schedule II.

Name DENNIS J. KUCINICH

Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT			Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples:	SP	Mega Corp. Stock				X								X							X									P
			123 Main St., Dover, Del.							X						X											X				
			1st Bank of Paducah, KY accounts					X									X							X							
			AMERICAN CROATIAN LODGE	X											X						X										
			PUBLIC EMPLOYEES RETIREMENT SYS.		X																										

For additional assets and unearned income, use next page.

Name DENNIS J. KUCINICH | Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	JAMES M. CARNEY, JR.	PERSONAL LOAN		X								
	SHIRLEY PARKER	PERSONAL LOAN		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

John J. LaFalce
(Full Name)

2310 Rayburn House Office Building
Washington, DC 20515
(Mailing Address)

Daytime Telephone 202-225-3231

Filer Status	☒ Member of the U S House of Representatives	State NY District 29	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL John J LaFalce

DATE (Month/Day/Year) 5/15/97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN J. LaFALCE

Page 2 of 15

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del.							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	Dean Witter I																												
	Mark IV	X											X			X			X		X								S
	Active Assets	X											X							X									
	Gibraltar Steel			X															X										
	Grancare	X														X				X									S
	Neostar	X																	X										P/S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN J. LaFALCE

Page 3 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Motorola	X											X			X			X	X									P/S
	Dean Witter II																												
	DW Pacific Growth Fund	X																	X										P/S
	Liquid Assets			X									X						X										
	DW European Growth Fund	X																	X										S
	Gibraltar Steel	X																	X										S
	Lear Seating	X																	X										S
	Grancare			X															X										
	Healthplan Services Corp.			X															X										P
	Transcor Waste Services		X																X										P/S
	Motorola	X											X						X										P/S
	Comptek Research		X																X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN J. LaFALCE

Page 4 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	FIDELITY																												
	Fidelity Overseas Fund		X										X			X				X X									
	Fidelity Pacific Basin		X																X										
	BACHE																												
	Home Depot	X											X			X			X		X								S
	Neostar	X																	X										P/S
	Gibraltar Steel	X														X							X						P/S
	Garden Fresh Restaurant	X														X						X							S
	Carrington Labs	X																	X										S
	Grancare			X															X										
	Motorola	X											X			X			X	X									P/S
	Intel	X											X			X			X				X						P/S
	Healthplan Services Corp.			X															X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN J. LaFALCE

Page 5 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Comptek Research		X																X										P
	Moneymart Assets	X											X						X										
	MERRILL LYNCH (1)																												
	Alza TTS Research Partnership	X											X Partnership Income						X		X								S
	Mark IV	X											X			X			X			X							S
	Home Depot	X											X			X			X			X							S
	US Healthcare	X											X			X			X			X							S
	Autoliv	X														X							X						S
	Gibraltar Steel	X														X						X							S
	Global Health Science Fund	X														X							X						S
	YPF Sociedad	X											X			X			X			X							S
	Neostar	X																	X										P/S
	CNS, Inc.	X																	X										S
	Health Care Compare	X														X							X						S
	Grancare			X															X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN J. LaFALCE

Page 6 **of** 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Healthplan Services			X															X										P
	ML Global Allocation D	X														X				X									S
	ML Eurofund B	X														X				X									S
	ML Pacific Fund B	X														X			X										P/S
	ML Pacific Fund D	X											X			X				X X									P/S
	Motorola			X									X						X										P
	Intel	X											X			X			X				X						P/S
	Biogen		X																X										P
	Garden Fresh Restaurant		X																X										P
	AVX Corp.					X							X						X										P
	Micron Technology				X														X										P
	Oracle			X															X										P
	Cash Management Money Market			X									X			X				X X									
	MERRILL LYNCH (2)																												
	Biogen			X															X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN J. LaFALCE

Page 7 of 15

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Fiserv	X														X						X							S
	ML Global Allocation	X														X				X									S
	ML Pacific Fund B	X																	X										S
	Comptek		X																X										P
	Healthplan Services		X																X										P
	Cash Management Money Market			X									X			X			X	X									
	MERRILL LYNCH (3)																												
	ML Dragon Fund B		X													X			X										S
	ML Devloping Capitol Mkts. Fd. A		X										X							X									S
	Garden Fresh Restaurant	X																	X										S
	Grancare		X																X										
	Retirement Reserves			X									X							X									
	Transcor Waste Services		X																X										P
	Motorola	X														X				X									P/S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN J. LaFALCE

Page 8 of 15

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Computer Associates			X															X										P
	Comptek Research		X																X										P
	Healthplan Services			X															X										P
	Ready Assets Money Mkt.		X										X						X										
	SMITH BARNEY																												
	Healthplan Services			X															X										
	Grancare	X																	X										S
	Smith Barney Money Mkt.	X											X						X										
	Colonial Manor Condo, West Seneca NY			X										X								X							
	M & T Bank Savings Account				X										X				X										
	Congressional Fed. Credit Union		X												X					X									
	First Federal			X											X				X										
	Sports Trac, Inc.-Bridge Loan 6900 E. Bellview Ave. Englewood, CO		X																X										

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SCHEDULE IV — TRANSACTIONS

Name JOHN J. LaFALCE

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10-12-96		X								
	Mark IV		X		3-18-96	X									
	Grancare		X		11-25-96		X								
	Neostar	X	X		10-9-96 12-4-96	(under $1000) X									
	Motorola	X	X		9-6-96 11-25-96	X	X								
	DW Pacific Growth Fund	X	X		1-5-96 4-29-96		X								
	,				7-5-96 9-17-96 10-14-96		X								
	Gibraltar Steel		X		11-25-96		X								
	Lear Seating		X		9-6-96	X									
	DW European Growth Fund		X		1-5-96		X								
	Healthplan Services Corp.	X			4-24-96 7-1-96		X								
			X		10-14-96	X									
	Transcor Waste Services	X			7-1-96	X									
	Motorola	X	X		9-12-96 11-25-96	X	X								
	Comptek Research	X			10-9-96	X									
	Home Depot		X		11-25-96	X									
	Neostar	X	X		9-20-96 12-5-96	(under $1000) (under $1000)									

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Name JOHN J. LaFALCE

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Gibraltar Steel		X		11-25-96		X								
	Garden Fresh Restaurant		X		11-27-96	X									
	Carrington Labs		X		4-24-96	X									
	Motorola	X			1-10-96 3-28-96	X	X								
	"		X		11-25-96		X								
	Intel	X	X		1-17-96 11-25-96	X	X								
	Health Plan Services	X			4-24-96 7-10-96	X X									
	Comptek Research	X			10-9-96	X									
	Alza TTS Rech Partners		X		12-31-96	X									
	Mark IV		X		1-31-96	X									
	Home Depot		X		11-25-96		X								
	US Healthcare		X		4-2-96	X									
	Autoliv		X		3-28-96		X								
	Gibraltar Steel		X		3-28-96	X									
	Global Health Science Fund		X		4-24-96		X								
	YPF Sociedad		X		4-24-96	X									

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Name JOHN J. LaFALCE | Page 11 of 15

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Neostar	X	X		9-27-96 12-4-96	X (under $1000)									
	CNS, Inc.		X		11-1-96	X									
	Health Care Compare		X		11-1-96		X								
	Health Plan Services	X			4-24-96 10-30-96	X X									
	ML Global Allocation D		X		1-5-96		X								
	ML Eurofund B		X		1-5-96	X									
	ML Pacific Fund B	X	X		1-5-96 9-17-96	X X									
	"		X X		9-30-96 10-30-96	X X									
	ML Pacific Fund D	X	X		1-5-96 9-17-96		X X								
	Motorola	X X			1-9-96 3-28-96	X	X								
	Intel	X	X		1-17-96 11-25-96	X	X								
	Biogen	X			3-27-96	X									
	Garden Fresh Restaurant	X			4-24-96	X									
	AVX Corp	X			4-24-96		X								
	Micron Technoloby	X X			9-17-96 11-1-96		X X								
	Oracle	X			12-13-96		X								

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Name JOHN J. LaFALCE

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Fiserv		X		11-25-96		X								
	ML Global Allocation B		X		1-5-96		X								
	ML Pacific Fund B	X	X		1-5-96 10-3-96	X	X								
	"		X		10-30-96	X									
	Comptek Research	X			10-3-96	X									
	Health Plan Services	X			10-30-96	X									
	ML Dragon Fund		X X		9-17-96 10-9-96	X	X								
	"		X		10-30-96	X									
	ML Developing Capital Mkts.		X X		6-17-96 9-17-96	X X									
	" "		X		10-9-96 10-30-96	X	X								
	Garden Fresh Restaurant		X		11-27-96		X								
	Transcorp Waste Services	X			6-7-96	X									
	Motorola	X X			9-17-96 10-9-96	X	X								
	"		X		11-25-96		X								
	Computer Associates	X			12-30-96			X							
	Comptek Research	X			10-9-96		X								

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SCHEDULE IV — TRANSACTIONS

Name JOHN J. LaFALCE

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	Health Plan Services	X			10-30-96		X								
	Grancare		X		6-18-96		X								

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Name JOHN J. LaFALCE | Page 14 of 15

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	2/16 - 2/19	Buffalo, NY - West Palm Beach - Buffalo, NY	Y	Y	Y	N
	Bankers Trust Co.	8/14 - 8/15	Buffalo, NY - New York City - Buffalo, NY	Y	Y	N	N
	Rippon Educational Fund	11/8 -11/13	Buffalo, NY - Rome, Italy - Buffalo, NY	Y	Y	Y	N

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Name JOHN LaFALCE

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Trustee	Rev. A. Joseph Bissonette Memorial Foundation
Trustee	Canisius College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

(5)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 1:35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Ray H LaHood
(Full Name)

329 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone
202-225-6201

MC HAND DELIVERED
(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	X Member of the U.S House of Representatives	State IL District 18	Officer or Employee	Employing Office	
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? Yes X No
If yes, complete and attach Schedule I.

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? Yes X No
If yes, complete and attach Schedule II.

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes X No
If yes, complete and attach Schedule III.

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? Yes No X
If yes, complete and attach Schedule IV.

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes X No
If yes, complete and attach Schedule V.

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? Yes No X
If yes, complete and attach Schedule VI.

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? Yes No X
If yes, complete and attach Schedule VII.

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes No X
If yes, complete and attach Schedule VIII.

IX Did you have any reportable agreement or arrangement with an outside entity? Yes No X
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes No X

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes No X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

Name Ray H LaHood

Page 2 **of** 5

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	First of America Trust Co , Peoria, IL	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Ray H. LaHood

Page 3 of 5

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Tobacco Institute	Speech	7/30/97	$ 2,000
	Donated To.			$
	Peoria Notre Dame Founda			$ 500
	Children's Hospital of IL			$ 500
	St. Jude Midwest Affiliate			$ 500
	American Red Cross-Central IL Chapter			$ 500

Name Ray H LaHood

Page 4 of 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.

For further information, see Instructions, pages 14-20

SP, DC, JT						
Examples:		Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
		1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
		American Classic Voyager	$1,001 - $15,000	NA	NA	
		(100 shares of stock)				

Name Ray H LaHood

Page 5 **of** 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.	$100,001 - $250,000
JT	Magna Bank, St. Louis, MO	Student Loan	$10,001 - $15,000
JT	Morton Comm Bank, Morton, IL	Student Loan	$15,001 - $50,000
JT	Citizens Equity Fed Credit Union	Revolving Loan	$10,001 - $15,000
JT	Dept. of Educ./Sallie Mae	Student Loan	$50,001 - $100,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members officers, and employees

RECEIVED
97 MAY 15 PM 4:11
MC HAND DELIVERED
(Office Use Only)

10

Nicholas V. Lampson (Full Name)

8350 Collier Road
Beaumont, TX 77706 (Mailing Address)

(202) 225-6565 (Daytime Telephone)

Filer Status ☑ Member of the U S House of Representatives State District ☐ Officer or Employee Employing Office

Report Type ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A **$200 *penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have 'earned' income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII Did you your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10 11)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Nicholas V Lampson

DATE (Month Day, Year) 5/12/97

Name Nicholas V. Lampson | Page 1 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Jefferson County Home Health Care, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Nicholas U. Lampson | Page 2 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	— 0 —			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Nicholas V. Lampson

Page 3 **of** 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP.	Examples: SP Mega Corp. Stock				X								X							X									P
DC.	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Texas County & District Retirement System					X													NA										
	Pepsco Deferred Compensation																							X					
	Smith Barney, IRA	X																				X							Partially Redeemed
SP	Jefferson County Home Health Care, Inc. Stock				X																								
SP	Smith Barney – IRA		X																NA										Partially Redeemed
JT	1038 Parkmeadow, Beaumont, Tx				X									X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nicholas V. Lampson

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Prutzman SQ #24C Beaumont, Tx			X										X							X								
JT	Prutzman SQ # 25D Beaumont, Tx			X										X							X								

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Name Nicholas V. Lampson

Page 5 of 9

SCHEDULE IV — TRANSACTIONS

			Type of Transaction			Date	Amount of Transaction									
Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–96		X								
	—0—															

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Name Nicholas U. Lampson

Page 6 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Beaumont Area Educators Credit Union Beaumont, TX	Personal Loan	X									
	Pacific S.W. Bank, Dallas TX	Mortgage on 1035 Parkmeadow		X								
	Texas Commerce Bank, Beaumont TX	2nd Lien - 1035 Parkmeadow Mortgage on Prutzman SQ Apts			X							
	Jefferson County Credit Union, Beaumont Tx	Personal Loan	X									
	H.G. Hall - 2401 Termini, Dickinson, Tx	Personal Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
— 0 —		

Use additional sheets if more space is required.

Continued from Previous Page

Name Nicholas U. Lampson

Page 7 **of** 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bank One - Beaumont Tx	Business Loan		X								
	First Bank & Trust - Beaumont, Tx	Business Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

Name Nicholas U. Lampson | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NA						

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Name Nicholas V. Lampson | Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

(5)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 14 PM 2:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

Thomas Peter Lantos
(Full Name)

2217 Rayburn House Office Bldg, Washington, DC 20515 (Mailing Address)
(202)225-3531 (Daytime Telephone)

Filer Status ☒ Member of the U S House of Representatives State CA District 12 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U.S.C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Tom Lantos

DATE (Month/Day/Year) 5/14/97

Name Thomas Peter Lantos **Page** 2 **of** 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of California Public Systems	Pension	11,796
	California Teachers Association	Pension	12,947

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas Peter Lantos

Page 3 of 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples: SP	Mega Corp Stock				X								X							X									P
		123 Main St, Dover, Del							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
JT		Cash Mngmnt Acct - Merrill Lynch					X							X									X							
JT		Keogh Retirement Acct -M Lynch						X						X										X						
		IRA (Self) - Merrill Lynch			X									X								X								
SP		IRA - Merrill Lynch			X									X							X									
JT		1230 Southdown Rd Hillsborough, CA 94010							X						X										X					
JT		210 Justice Court Washington, DC 20002					X								X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas Peter Lantos

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Savings Acct - Cong Federal Sav		X												X				X										

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Name Thomas Peter Lantos | **Page** 5 **of** 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Appeal of Conscience Foundation	Jan 9 - 21	Wash., DC - Tel Aviv - Moscow - Tel Aviv - Budapest - Wash., DC	Y	Y	Y	6 Days
	Israel Bonds Development Corporation of Israe	Mar 9 - 10	San Francisco - Reno, Nev	Y	Y	Y	
	Pan Epiroric Federation Northern Epiros Benefit Fnd	Mar 29 - April 3	Wash., DC - Athens - Tirana (Wash., DC)	Y	Y	Y	
	Appeal of Conscience Foundation	April 3-7	Tirana - Warsaw - Budapest - Bucharest - Casablanca (Wash., DC)	Y	Y	Y	
	Women's American ORT	April 21-22	Manchester NH - Atlanta - Newark, NJ	Y	Y	Y	
	Assn of Chiropractic Colleges	June 7 - 9	Wash. DC - Hyannis, MA - Wash. DC	Y	Y	Y	
	Interinvest Corp.	Nov 14-17	Wash., DC - Jacksonville, FL - Wash., DC	Y	Y	Y	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 JUN 13 PM 12:00
[illegible]

MC JUN 09 1997
(Office Use Only)

14

Stephen Michael Largent
(Full Name)

6150 S. Louisville, Tulsa, OK 74136
(Mailing Address)

(918) 492-0880
Daytime Telephone

Accountant to contact: Steve Jay (918) 492-0106

Filer Status	☒ Member of the U S House of Representatives State OK District 1st	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL
Stephen Michael Largent

DATE (Month/Day/Year)
6/6/97

Name Stephen Michael Largent | Page 1 of 13

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	International Sports Marketing	Endorsements	$16,250
	White NFLPA Settlement Plan B - Note 1	Litigation Settlement	$ 6,370
	Pro Football Hall of Fame	Endorsements	$ 1,500
	Junior League of Seattle Note 2	Auctioneer	$ 5,000
	NOTE 1 - Deferred income earned prior to election to House of		
	Representatives. Not subject to earned income		
	limitations.		
	NOTE 2 - Contributed to Charity		

For payments to charity in lieu of honoraria, use Schedule II.

Name Stephen Michael Largent

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and /or Income Source	BLOCK B Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E TRANSACTION
	A None - $1000	B $1001 - 15000	C $15001 - 50000	D $50001 - $100000	E $100001 - $250000	F $250001 - $500000	G $500001 - $1000000	H $1000001 - $5000000	I $5000001 - $25000000	J $25000001 - $50000000	K OVER - $50000000	Dividends	Rent	Interest	Capital Gains	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I NONE - $200	II $201 - $1000	III $1001 - $2500	IV $2501 - $5000	V $5001 - $15000	VI $15001 - $50000	VII $50001 - $100000	VIII $100001 - $1000000	IX $1000001 - $5000000	X Over $5000000	
Merrill Lynch CMA		x										x								x								
Fidelity Money Market Fund			x											x						x								
American Bank and Trust		x												x				x										
St Anthony's Hospital Series A Bond				x										x						x								
Puerto Rico Municipal Bond	x													x							x							S
Oklahoma Ind Fin Authority	x													x						x								S
FERS, Thrift Plan			x									x		x					x									
Exxon Stock			x									x							x									
CIFRA S.A.		x										x						x										
Home Depot Inc.		x										x						x										
Sara Lee Corp		x										x						x										
Wal Mart Stores Inc.		x										x						x										
Federal Government Savings Plan		x												x					x									
Congressional Federal Credit Union		x												x							x							
Note Receivable, Ray Tedford				x										x							x							
Wells I Ltd Partnership		x											x					x										
Concord Ltd				x									x					x										
Kings River Ranch, Partnership Note Rec		x												x						x								
CNL II Ltd Partnerhip			x										x	x						x								
CNL VI Ltd Partnerhip			x										x	x						x								
Eagle Ridge Ltd Partnership			x										x	x				x										
Headington Oil Ltd Partnership	x												x							x								S
Numismatic Coins			x												x			x										
Gold & Silver				x											x			x										
Proactive Solutions				x											x			x										

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen Michael Largent

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BLOCK A Asset and /or Income Source	BLOCK B Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E TRANSACTION
	A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	
Northcreek Investment Ltd. Partnership			X										X									X						
Mutual Series Inc. IRA			X												X						X							
Mutual Series Inc. IRA			X												X						X							
Bert Bell NFL Retirement Plan					X													X										
Capital World Growth & Income Fund				X								X			X					X								
Merrill Lynch International Equity Fund			X									X			X				X									
Capital Income Builder fund			X									X			X				X									
AIM Charter Fund			X									X			X				X									
Merrill Lunch Floating Rate fund					X							X			X							X						
Smallcapital World fund			X									X			X				X									
Templeton Developing Markets Fund			X									X			X				X									
Alliance North American Govmmnt Fund			X									X								X								
Templeton Smaller Company Fund			X									X			X				X									
Russell Equity I Fund					X							X			X								X					
Russell Equity II Fund				X								X			X							X						
Russell Equity Q Fund						X						X			X								X					
Russell Fixed Income I Fund						X						X			X								X					
Russell Fixed Income III Fund					X							X										X						
Russell Limited Volatility Bd. Fund					X							X			X							X						
Russell International Fund					X							X			X							X						
Russell Emerging Markets Fund			X									X			X				X									
Russell Real Estate Sec Fund					X							X			X						X							
Russell Tax-Free Money Market Fund			X									X							X									
One Glen Lakes, Ltd			X										X	X						X								
Lake Stella Associates, Ltd	X												X	X				X										

Name Stephen Michael Largent

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BLOCK A Asset and /or Income Source	BLOCK B Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E TRANSACTION
	A None - $1000	B $1001 - $15000	C $15001 - $50000	D $50001 - $100000	E $100001 - $250000	F $250001 - $500000	G $500001 - $1000000	H $1000001 - $5000000	I $5000001 - $25000000	J $25000001 - $50000000	K Over $50000000	Dividends	Rent	Interest	Capital Gains	Farm Income	Qualified Blind Trust	I None - $200	II $201 - $1000	III $1001 - $2500	IV $2501 - $5000	V $5001 - $15000	VI $15001 - $50000	VII $50001 - $100000	VIII $100001 - $1000000	IX $1000001 - $5000000	X Over $5000000	
Russell Equity II	X											X			X					X								S
Russell Equity I	X											X			X					X								S
Russell Equity Q	X											X			X					X								S
Russell Fixed Income I			X									X			X					X								
Russell Fixed Income III	X											X								X								S
Russell Limited Volatility Bond			X									X			X					X								
Russell International			X									X			X					X								
Russell Emerging Markets		X										X			X					X								
Russell Real Estate Sec		X										X			X					X								
Russell Tax Free Money Market		X										X								X								
Merrill Lynch CMA		X										X			X			X										
CNL Income Fund II			X										X	X						X								
Vanguard GNMA Fund		X										X			X				X									
Russell Mutual Shares Fund		X										X			X					X								
Vanguard Wellington Fund					X							X			X							X						
Farm							X									X					X							P
Merrill Lynch Muniyield Fund Inc	X											X			X					X								S
Rent deposit		X												X				X										

SCHEDULE IV — TRANSACTIONS

Name Stephen Michael Largent

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
JT	Oklahoma Industrial Fidelity Bond		X		8-7-96			X							
JT	Puerto Rico Municipal Bond		X		8-7-96			X							
JT	Headington Oil Partnership		X		12-31-96		X								
JT	Russell Funds - See Attached	X	X	X	VARIOUS					X					
DC	Russell Funds - See Attached	X	X	X	VARIOUS		X								
JT	Farm	X			8-16-96						X				
DC	Vanguard Funds	X	X		8-30-96	X									

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Ronald Blue
TRANSACTION REPORT
STEVE & TERRY LARGENT
56175011
From 01-01-96 To 12-31-96

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
Purchases						
10-09-96	TFMM.FD	Tax-Free Money Market Fund	12,597.52	1.00	12,597.52	12,597.52
11-12-96	TFMM.FD	Tax-Free Money Market Fund	589.38	1.00	589.38	589.38
12-10-96	TFMM.FD	Tax-Free Money Market Fund	599.49	1.00	599.49	599.49
12-23-96	TFMM.FD	Tax-Free Money Market Fund	14,750.55	1.00	14,750.55	14,750.55
					28,536.94	28,536 94
Sales						
01-03-96	TFMM.FD	Tax-Free Money Market Fund	4,354 00	1.00	(4,354.00)	(4,354.00)
04-02-96	TFMM.FD	Tax-Free Money Market Fund	4,509.00	1.00	(4,509.00)	(4,509.00)
07-01-96	TFMM.FD	Tax-Free Money Market Fund	4,623.00	1.00	(4,623.00)	(4,623.00)
08-09-96	F1.FD	Fixed I Fund	8,928.571	21.00	(187,500.00)	(187,500.00)
08-09-96	F3.FD	Fixed III Fund	9,254.689	10.13	(93,750.00)	(93,750.00)
08-09-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4,445.235	21.09	(93,750.00)	(93,750.00)
10-10-96	TFMM.FD	Tax-Free Money Market Fund	9,300.00	1.00	(9,300.00)	(9,300.00)
12-23-96	TFMM.FD	Tax-Free Money Market Fund	16,115.00	1.00	(16,115.00)	(16,115.00)
					(413,901.00)	(413,901.00)
Exchange Purchases						
09-06-96	F1.FD	Fixed I Fund	9,098.878	20.69	188,255.79	188,255.79
09-06-96	F3.FD	Fixed III Fund	652.640	9.99	6,519.87	6,519.87
09-06-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	2,011.612	20.91	42,062.81	42,062.81
09-06-96	TFMM.FD	Tax-Free Money Market Fund	23,804.22	1.00	23,804.22	23,804.22
					260,642.69	260,642.69
Exchange Withdrawals						
09-06-96	EMMA.FD	Emerging Markets Fund	681.446	12.30	(8,381.79)	(8,381.79)
09-06-96	IN.FD	International Fund	1,128.603	37.01	(41,769.60)	(41,769.60)
09-06-96	RESF.FD	Real Estate Securities Fund	206.331	25.92	(5,348.09)	(5,348.09)
09-06-96	E1.FD	Equity I Fund	2,280.440	29.54	(67,364.20)	(67,364.20)
09-06-96	E2.FD	Equity II Fund	2,800.329	30.51	(85,438.03)	(85,438.03)
09-06-96	EQ.FD	Equity Q Fund	1,650.094	31.72	(52,340.98)	(52,340.98)
					(260,642.69)	(260,642.69)
Fee Redemptions						
10-01-96	TFMM.FD	Tax-Free Money Market Fund	3,299 00	1.00	(3,299.00)	0.00
					(3,299.00)	0 00
Short Term Gain Reinvestment						
02-16-96	IN.FD	International Fund	11.097	36.93	409.80	0.00
02-16-96	E1.FD	Equity I Fund	103.290	29.04	2,999.54	0.00
02-16-96	E2.FD	Equity II Fund	56.285	28 80	1,621.02	0.00
02-16-96	EQ.FD	Equity Q Fund	87.358	31.33	2,736.93	0.00
12-16-96	IN.FD	International Fund	13.276	36.75	487.88	0 00

Ronald Blue

TRANSACTION REPORT

STEVE & TERRY LARGENT

56175011

From 01-01-96 To 12-31-96

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
12-16-96	E1.FD	Equity I Fund	206.812	29.51	6,103.01	0.00
12-16-96	E2.FD	Equity II Fund	45.280	29.06	1,315.84	0.00
12-16-96	EQ.FD	Equity Q Fund	174.625	31.99	5,586.26	0.00
					21,260.28	0.00
Long Term Gain Reinvestment						
02-16-96	IN.FD	International Fund	38.584	36.93	1,424.93	0.00
02-16-96	E1.FD	Equity I Fund	87.709	29.04	2,547.07	0.00
02-16-96	E2.FD	Equity II Fund	38.687	28.80	1,114.16	0.00
02-16-96	EQ.FD	Equity Q Fund	146.169	31.33	4,579.47	0.00
12-16-96	IN.FD	International Fund	154.537	36.75	5,679.24	0.00
12-16-96	RESF.FD	Real Estate Securities Fund	256.577	27.18	6,973.76	0.00
12-16-96	E1.FD	Equity I Fund	510.965	29.51	15,078.59	0.00
12-16-96	E2.FD	Equity II Fund	124.195	29.06	3,609.09	0.00
12-16-96	EQ.FD	Equity Q Fund	467.795	31.99	14,964.77	0.00
					55,971.08	0.00
Income Reinvestment						
01-31-96	TFMM.FD	Tax-Free Money Market Fund	49.83	1.00	49.83	0.00
02-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	35.993	21.36	768.81	0.00
02-16-96	F1.FD	Fixed I Fund	12.250	21.61	264.72	0.00
02-16-96	EMMA.FD	Emerging Markets Fund	19.370	12.04	233.21	0.00
02-16-96	IN.FD	International Fund	3.590	36.93	132.58	0.00
02-16-96	E2.FD	Equity II Fund	2.630	28.80	75.75	0.00
02-29-96	TFMM.FD	Tax-Free Money Market Fund	43.48	1.00	43.48	0.00
03-04-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	37.599	21.28	800.11	0.00
03-29-96	TFMM.FD	Tax-Free Money Market Fund	46.22	1.00	46.22	0.00
04-02-96	F1.FD	Fixed I Fund	245.252	20.95	5,138.03	0.00
04-02-96	F3.FD	Fixed III Fund	421.305	10.06	4,238.33	0.00
04-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	37.468	21.06	789.08	0.00
04-02-96	RESF.FD	Real Estate Securities Fund	75.682	23.63	1,788.37	0.00
04-02-96	E1.FD	Equity I Fund	32.533	29.37	955.48	0.00
04-02-96	E2.FD	Equity II Fund	4.441	29.90	132.78	0.00
04-02-96	EQ.FD	Equity Q Fund	34.553	31.80	1,098.80	0.00
04-30-96	TFMM.FD	Tax-Free Money Market Fund	35.59	1.00	35.59	0.00
05-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	37.134	20.95	777.95	0.00
05-31-96	TFMM.FD	Tax-Free Money Market Fund	38.58	1.00	38.58	0.00
06-04-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	35.639	20.94	746.28	0.00
06-28-96	TFMM.FD	Tax-Free Money Market Fund	34.13	1.00	34.13	0.00
07-02-96	F1.FD	Fixed I Fund	275.451	20.55	5,660.52	0.00
07-02-96	F3.FD	Fixed III Fund	405.910	9.92	4,026.63	0.00
07-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	35.156	20.90	734.75	0.00
07-02-96	RESF.FD	Real Estate Securities Fund	79.043	24.75	1,956.31	0.00
07-02-96	E1.FD	Equity I Fund	33.468	30.26	1,012.73	0.00
07-02-96	E2.FD	Equity II Fund	5.650	31.47	177.80	0.00
07-02-96	EQ.FD	Equity Q Fund	49.788	32.41	1,613.64	0.00
07-31-96	TFMM.FD	Tax-Free Money Market Fund	21.33	1.00	21.33	0.00
08-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	34.658	21.02	728.51	0.00
08-30-96	TFMM.FD	Tax-Free Money Market Fund	23.42	1.00	23.42	0.00

Ronald Blue
TRANSACTION REPORT
STEVE & TERRY LARGENT
56175011
From 01-01-96 To 12-31-96

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
09-04-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	21.969	20.91	459.38	0.00
09-30-96	TFMM.FD	Tax-Free Money Market Fund	71.16	1.00	71.16	0.00
10-31-96	TFMM.FD	Tax-Free Money Market Fund	88.46	1.00	88.46	0.00
11-29-96	TFMM.FD	Tax-Free Money Market Fund	86.72	1.00	86.72	0.00
12-31-96	TFMM.FD	Tax-Free Money Market Fund	95.16	1.00	95.16	0.00
					34,944.63	0.00
Income - Cash Distribution						
10-02-96	F1.FD	Fixed I Fund			5,639.27	0.00
10-02-96	F3.FD	Fixed III Fund			2,778.76	0.00
10-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			603.71	0.00
10-02-96	RESF.FD	Real Estate Securities Fund			1,813.03	0.00
10-02-96	E1.FD	Equity I Fund			716.38	0.00
10-02-96	E2.FD	Equity II Fund			69.87	0.00
10-02-96	EQ.FD	Equity Q Fund			976.50	0.00
11-04-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			589.38	0.00
12-03-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			599.49	0.00
12-16-96	F1.FD	Fixed I Fund			5,098.94	0.00
12-16-96	F3.FD	Fixed III Fund			3,020.77	0.00
12-16-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund			607.08	0.00
12-16-96	EMMA.FD	Emerging Markets Fund			474.07	0.00
12-16-96	IN.FD	International Fund			1,864.97	0.00
12-16-96	RESF.FD	Real Estate Securities Fund			1,946.94	0.00
12-16-96	E1.FD	Equity I Fund			741.04	0.00
12-16-96	E2.FD	Equity II Fund			38.61	0.00
12-16-96	EQ.FD	Equity Q Fund			958.13	0.00
					28,536.94	0.00
					(247,950.13)	(385,364.06)

Ronald Blue

TRANSACTION REPORT

LARGENT CHILDREN'S TRUST

56097011

From 01-01-96 To 12-31-96

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
Sales						
01-03-96	TFMM.FD	Tax-Free Money Market Fund	330.00	1.00	(330.00)	(330.00)
04-02-96	TFMM.FD	Tax-Free Money Market Fund	342.00	1.00	(342.00)	(342.00)
07-01-96	TFMM.FD	Tax-Free Money Market Fund	348.00	1.00	(348.00)	(348.00)
					(1,020.00)	(1,020.00)
Exchange Purchases						
09-06-96	F1.FD	Fixed I Fund	292.733	20.69	6,056.63	6,056.63
09-06-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	143.880	20.91	3,008.53	3,008.53
09-06-96	EMMA.FD	Emerging Markets Fund	11.560	12.30	142.19	142.19
09-06-96	IN.FD	International Fund	4.599	37.01	170.21	170.21
09-06-96	TFMM.FD	Tax-Free Money Market Fund	2,345.33	1.00	2,345.33	2,345.33
09-06-96	RESF.FD	Real Estate Securities Fund	81.416	25.92	2,110.31	2,110.31
					13,833.20	13,833.20
Exchange Withdrawals						
09-06-96	F3.FD	Fixed III Fund	690.654	9.99	(6,899.64)	(6,899.64)
09-06-96	E1.FD	Equity I Fund	50.559	29.54	(1,493.50)	(1,493.50)
09-06-96	E2.FD	Equity II Fund	126.993	30.51	(3,874.57)	(3,874.57)
09-06-96	EQ.FD	Equity Q Fund	49.353	31.72	(1,565.49)	(1,565.49)
					(13,833.20)	(13,833.20)
Fee Redemptions						
10-01-96	TFMM.FD	Tax-Free Money Market Fund	349.00	1.00	(349.00)	0.00
					(349.00)	0.00
Short Term Gain Reinvestment						
02-16-96	IN.FD	International Fund	0.726	36.93	26.81	0.00
02-16-96	E1.FD	Equity I Fund	7.315	29.04	212.44	0.00
02-16-96	E2.FD	Equity II Fund	2.900	28.80	83.53	0.00
02-16-96	EQ.FD	Equity Q Fund	6.187	31.33	193.85	0.00
12-16-96	IN.FD	International Fund	1.054	36.74	38.72	0.00
12-16-96	E1.FD	Equity I Fund	17.963	29.51	530.09	0.00
12-16-96	E2.FD	Equity II Fund	2.839	29.06	82.49	0.00
12-16-96	EQ.FD	Equity Q Fund	14.095	31.99	450.89	0.00
					1,618.82	0.00
Long Term Gain Reinvestment						
02-16-96	IN.FD	International Fund	2.524	36.93	93.20	0.00
02-16-96	E1.FD	Equity I Fund	6.212	29.04	180.39	0.00
02-16-96	E2.FD	Equity II Fund	1.994	28.79	57.41	0.00
02-16-96	EQ.FD	Equity Q Fund	10.353	31.33	324.34	0.00
12-16-96	IN.FD	International Fund	12.264	36.75	450.72	0.00
12-16-96	RESF.FD	Real Estate Securities Fund	21.659	27.18	588.70	0.00

Ronald Blue
TRANSACTION REPORT
LARGENT CHILDREN'S TRUST
56097011
From 01-01-96 To 12-31-96

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
12-16-96	E1.FD	Equity I Fund	44.381	29.51	1,309.67	0.00
12-16-96	E2.FD	Equity II Fund	7.785	29.06	226.24	0.00
12-16-96	EQ.FD	Equity Q Fund	37.757	31.99	1,207.87	0.00
					4,438.54	0.00
Income Reinvestment						
01-31-96	TFMM.FD	Tax-Free Money Market Fund	3.87	1.00	3.87	0.00
02-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.279	21.36	91.40	0.00
02-16-96	F1.FD	Fixed I Fund	1.105	21.60	23.87	0.00
02-16-96	EMMA.FD	Emerging Markets Fund	1.498	12.04	18.03	0.00
02-16-96	IN.FD	International Fund	0.235	36.89	8.67	0.00
02-16-96	E2.FD	Equity II Fund	0.135	28.89	3.90	0.00
02-29-96	TFMM.FD	Tax-Free Money Market Fund	3.38	1.00	3.38	0.00
03-04-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.470	21.28	95.12	0.00
03-29-96	TFMM.FD	Tax-Free Money Market Fund	3.59	1.00	3.59	0.00
04-02-96	F1.FD	Fixed I Fund	22.111	20.95	463.23	0.00
04-02-96	F3.FD	Fixed III Fund	25.581	10.06	257.34	0.00
04-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.454	21.06	93.81	0.00
04-02-96	RESF.FD	Real Estate Securities Fund	5.015	23.63	118.50	0.00
04-02-96	E1.FD	Equity I Fund	2.304	29.37	67.67	0.00
04-02-96	E2.FD	Equity II Fund	0.229	29.87	6.84	0.00
04-02-96	EQ.FD	Equity Q Fund	2.447	31.80	77.82	0.00
04-30-96	TFMM.FD	Tax-Free Money Market Fund	2.79	1.00	2.79	0.00
05-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.415	20.95	92.49	0.00
05-31-96	TFMM.FD	Tax-Free Money Market Fund	3.02	1.00	3.02	0.00
06-04-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.237	20.94	88.72	0.00
06-28-96	TFMM.FD	Tax-Free Money Market Fund	2.67	1.00	2.67	0.00
07-02-96	F1.FD	Fixed I Fund	24.834	20.55	510.34	0.00
07-02-96	F3.FD	Fixed III Fund	24.645	9.92	244.48	0.00
07-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.179	20.90	87.35	0.00
07-02-96	RESF.FD	Real Estate Securities Fund	5.238	24.75	129.63	0.00
07-02-96	E1.FD	Equity I Fund	2.370	30.26	71.72	0.00
07-02-96	E2.FD	Equity II Fund	0.291	31.48	9.16	0.00
07-02-96	EQ.FD	Equity Q Fund	3.526	32.41	114.29	0.00
07-31-96	TFMM.FD	Tax-Free Money Market Fund	1.71	1.00	1.71	0.00
08-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.120	21.02	86.61	0.00
08-30-96	TFMM.FD	Tax-Free Money Market Fund	1.87	1.00	1.87	0.00
09-04-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.427	20.91	92.56	0.00
09-30-96	TFMM.FD	Tax-Free Money Market Fund	6.59	1.00	6.59	0.00
10-02-96	F1.FD	Fixed I Fund	29.106	20.77	604.54	0.00
10-02-96	F3.FD	Fixed III Fund	14.138	10.06	142.23	0.00
10-02-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.910	20.96	102.92	0.00
10-02-96	RESF.FD	Real Estate Securities Fund	5.787	26.12	151.16	0.00
10-02-96	E1.FD	Equity I Fund	1.991	31.15	62.02	0.00
10-02-96	E2.FD	Equity II Fund	0.134	32.61	4.37	0.00
10-02-96	EQ.FD	Equity Q Fund	2.349	33.41	78.49	0.00
10-31-96	TFMM.FD	Tax-Free Money Market Fund	7.39	1.00	7.39	0.00
11-04-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.796	21.02	100.82	0.00
11-29-96	TFMM.FD	Tax-Free Money Market Fund	7.11	1.00	7.11	0.00
12-03-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.876	21.10	102.89	0.00

Ronald Blue

TRANSACTION REPORT

LARGENT CHILDREN'S TRUST

56097011

From 01-01-96 To 12-31-96

Trade Date	Asset ID	Security	Shares	Price	Total Cash Flow	Invested Capital
12-16-96	F1.FD	Fixed I Fund	26.501	20.97	555.73	0.00
12-16-96	F3.FD	Fixed III Fund	15.472	10.15	157.04	0.00
12-16-96	LVTF.FD	Lmtd. Volat. Tax Free Bd Fund	4.983	20.98	104.55	0.00
12-16-96	EMMA.FD	Emerging Markets Fund	3.715	11.97	44.47	0.00
12-16-96	IN.FD	International Fund	4.027	36.75	148.01	0.00
12-16-96	RESF.FD	Real Estate Securities Fund	6.047	27.18	164.35	0.00
12-16-96	E1.FD	Equity I Fund	2.181	29.51	64.36	0.00
12-16-96	E2.FD	Equity II Fund	0.083	29.16	2.42	0.00
12-16-96	EQ.FD	Equity Q Fund	2.417	31.99	77.33	0.00
12-31-96	TFMM.FD	Tax-Free Money Market Fund	7.62	1.00	7.62	0.00
					5,572.86	0.00
					10,261.22	(1,020.00)

Name Stephen Michael Largent

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D.C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	NRCC	January 26-28 SuperBowl	Tulsa,Phoenix,AZ; Tulsa	Y	Y	N	N
	Mark Souder	January18	Tulsa,Ft. Wayne,IN; Tulsa	N	Y	N	N
	Steve Chabot, Ron Lewis, Ed Whitfield	February 29-March 2	Washington,DC;Cincinnati, OH;Madison,KY;Henderson, KY;Tulsa	Y	Y	N	N
	Lindsey Graham & Sue Myrick	March 8-9	Washington,DC; Charlotte,NC;Tulsa	Y	Y	N	N
	Kevin Kramer	March 29-30	Washington,DC; Bismark,ND;Tulsa	Y	Y	N	N
	Koch Industries, Sam Brownback, Todd Tiahrt	May 6-7	Tulsa,Pittsburg,KS; Wichita,KS;Washington,DC	N	Y	N	N
	Jon Fox	May 17	Washington,DC; Philadelphia,PA;Tulsa	N	Y	N	N
	Mark Foley,Marc Sharp, Dave Weldon,Bob Barr	June 20-22	Washington,DC;Palm Beach FL;Atlanta,GA;Tulsa	Y	Y	N	N
	OK State Republican Party	July 13	Tulsa,Ardmore,OK; Tulsa	N	Y	N	N
	Nat'l Republican Congressional Committee; Andrea Seastrand,Bill Baker, Bill Witt,Randy Tate	August 14-18	Tulsa,San Diego,CA; San Luis Abisbo,CA; Concord, CA;San Ramone, CA;Oakland,CA;Portland, OR;Tacoma,WA;Seattle, WA;Tulsa	Y	Y	N	N
	Lt. Governor Bill Kenny	September 16	Tulsa,St.Joe,MO; Tulsa	N	Y	N	N
	Jim Ryun	September 23	Tulsa,Topeka,KS; Tulsa	N	Y	N	N

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Name Stephen Michael Largent

Page 13 of 13

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. § 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C.—Chicago—Wash , D C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Dennis Dollar, Bob Riley, Steve Stockman	October 7-8	Tulsa, Jackson, MS; Jacksonville, AL; Anaston, AL; Beaumont, TX; Tulsa	Y	Y	N	N
	Lindsey Graham	October 29-30	Tulsa, Atlanta, GA; Augusta, GA; Tulsa	Y	Y	N	N
	Washington Family Pclicy Council	November 14-16	Tulsa, Seattle, WA; Tulsa	Y	Y	N	N

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97 MAY 14 PM 4:38
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

THOMAS P. LATHAM (Full Name)

178 180TH STREET
ALEXANDER IOWA 50420 (Mailing Address)

Daytime Telephone

Filer Status ☒ Member of the U S House of Representatives State IOWA District 5TH ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U.S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Thomas Latham

DATE (Month/Day/Year) 5/14/97

Name THOMAS P. LATHAM

Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	LATHAM SEED COMPANY, ALEXANDER, IOWA	SALARY	$10,282.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name THOMAS P. LATHAM

Page 3 **of** 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples:	SP	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del.							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		LATHAM SEED COMPANY, COMMON STOCK							X					TRADE OR BUSINESS											X					
		LATHAM KANAWHA FARM (80 ACRES) PARTNERSHIP INTEREST (25%)			X									FARM INCOME								X								
		LATHAM HOSPITAL FARM (360 ACRES) PARTNERSHIP INTEREST (25%)					X							FARM INCOME										X						
		LATHAM WRIGHT FARM (488 ACRES) PARTNERSHIP INTEREST (20%)					X							FARM INCOME										X						
		FARM BUILDINGS ALEXANDER, IOWA		X											X					X										
		LOOF INVESTMENT COMPANY COMMON STOCK						X						X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS P. LATHAM

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	NATIONWIDE LIFE INSURANCE COMPANY ANNUITY CONTRACT, COLUMBUS, OHIO			X									NOT APPLICABLE						NOT APPLICABLE										
	401 (K) PENSION PLAN FRINGE BENEFITS DESIGN, INC.			X									NOT APPLICABLE						NOT APPLICABLE										
	INDIVIDUAL RETIREMENT ACCOUNT SMITH BARNEY		X										NOT APPLICABLE						NOT APPLICABLE										
	FIRST CITIZENS NATIONAL BANK CLARION, IOWA			X											X					X									
DC	FIRST CITIZENS NATIONAL BANK CLARION, IOWA			X											X					X									
DC	FIRST CITIZENS NATIONAL BANK CLARION, IOWA			X											X					X									
	NORTHWESTERN STATE BANK ORANGE CITY, IOWA					X									X							X							
	IOWA MUNICIPAL BONDS SMITH BARNEY INVESTMENT ACCOUNT				X										X							X							
	MUNICIPAL MONEY MARKET FUND SMITH BARNEY INVESTMENT ACCOUNT		X										X						X										P
	MUTUAL FUNDS - FIDELITY ADVISOR SMITH BARNEY INVESTMENT ACCOUNT				X								X									X							

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SCHEDULE IV — TRANSACTIONS

Name THOMAS P. LATHAM

Page 5 **of** 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	UNIT INVESTMENT TRUST - REDEMPTION		X		03-01-96		X								
	MUTUAL FUNDS - FIDELITY ADVISOR - PARTIAL SAL		X		03-01-96			X							
	MUTUAL FUNDS - FIDELITY ADVISOR - PARTIAL SAL		X		03-01-96	X									
	MUNICIPAL MAONEY MARKET FUND - SMITH BARNEY	X			VARIOUS	X									
	MUTUAL FUNDS - FIDELITY ADVISOR - PURCHASE	X			MONTHLY DIV REINVESTMENT	X									

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Name THOMAS P. LATHAM

Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NORTHWESTERN STATE BANK - ORANGE CITY, IOWA	CAMPAIGN LOAN GUARANTOR				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name THOMAS P. LATHAM | Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
CONSULTANT	LATHAM SEED COMPANY
GENERAL PARTNER	LATHAM KANAWHA FARM
GENERAL PARTNER	LATHAM HOSPITAL FARM
GENERAL PARTNER	LATHAM WRIGHT FARM

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	N/A	

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Use additional sheets if more space is required.

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Steven C. LaTourette
(Full Name)

1239 Longworth HOB
Washington DC 20515
(Mailing Address)

Daytime Telephone
202-225-5731

Filer Status: ☒ Member of the U S House of Representatives — State OH District 19 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☐ No ☒

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you your spouse, or dependent child? (See Instructions, pages 10-11) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets "unearned" income transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/97

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 AM 10:50
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

Rick Lazio
(Full Name)
126 S. Windsor Ave.
Brightwaters, NY 11718
(Mailing Address)

516-893-9010
Daytime Telephone

HAND DELIVERED
MC
(Office Use Only)

Filer Status ☒ Member of the U S House of Representatives State District NY 2ND ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Rick A Lazio

DATE (Month/Day/Year) May 14 1997

Name Rick Lazio Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Southside Hospital	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	Public Securities Assoc.	Speech	April 1, 1996	$1,000.00
	National Grocers Assoc - (D'Agostino Supermarkets)	Appearance	June 13, 1996	$ 100.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rick Lazio

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP Examples	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	69 Holly Walk, Fair Harbor, NY					X								X									X						
	Peco Energy Co.		X										X							X									
	Cong. Federal Credit Union		X												X					X									
	Freeport McMoran Limited Partnership		X												X				X										
	Bank of NY		X												X				X										
	Puget Sound Power & Light		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rick Lazio

Page 5 of 9

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Alliance World Income Trust	X											X							X									
	Johnson & Johnson Stock		X										X						X										
	Paine Webber Global Income Fund A	X											X							X									
	Paine Webber Retirement Money Fund	X											X							X									
	Pepsico, Inc. Stock		X										X						X										
	Computer Associates Stock		X										X						X										
	McDonald's Stock		X										X						X										
	Gap, Inc. Stock		X										X						X										
	Colonial High Income Muni Trust		X										X								X								
	Dreyfus General Money Mkt.		X										X							X									
	Dreyfus General Money Mkt (IRA)		X										X						X										

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SCHEDULE IV — TRANSACTIONS

Name Rick Lazio

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	x			10–12–96		x								
	Colonial High Income Muni Trust		X		09-03-96	X									
	Colonial High Income Muni Trust		X		12-31-96	X									
	Alliance World Income Trust		X		09-09-96	X									
	Johnson & Johnson	X			10-28-96	X									
	PaineWebber Global Income Fund A		X		08-27-96	X									
	Gap, Inc. Stock	X			09-09-96	X									
	Pepsico, Inc. Stock	X			09-03-96	X									
	Computer Associates Stock	X			12-31-96	X									
	McDonald's Stock	X			08 01-96	X									

This page may be copied if more space is required.

Name Rick Lazio	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	BARBARA HENRY	MORTGAGE ON 69 Hollywalk Ln.	X									
		FAIRHARBOR, NY										
	First FEDERAL SAVINGS OF the Palm Beaches	MORTGAGE on 501 South Seas Dr.		X								
	(Fully Indemnified)	Jupiter, Fla.										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name RICK LAZIO | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D C —Chicago—Wash , D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NYS FOOD MERCHANTS ASSOC.	MAR. 8-12	WASH. DC- W. Palm Beach - WASH. DC	Y	Y	Y	3 DAYS
	NYS RURAL HOUSING COALITION	Oct. 16	NY - SYRACUSE - NY	N	N	N	N/A
	RIPON EDUCATIONAL FUND	Nov 9-15	NY - ROME, ITALY - NY	Y	Y	Y	N

This page may be copied if more space is required.

Name	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement
1-93	Suffolk County Retirement Plan	Presently all funds are not vested
	-NYS Employee Retirement System	Vesting can be attained only if
		county or state service is resumed.

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Congressman James A. Leach
(Full Name)

2186 Rayburn House Office Building
(Mailing Address)

Washington DC 20515
Daytime Telephone. 202-225-6576

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U S House of Representatives	State IA District. 01	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒		VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒		VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐		VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐		IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C. app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL James A Leach

DATE (Month/Day/Year) 5/15/97

Name Congressman James A Leach | **Page** 2 **of** 14

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

Name Congressman James A Leach

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SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1994	$2 000
	XYZ Magazine	Article	Aug 13, 1994	$500
	N/A			$

Name Congressman James A Leach | Page 4 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1 000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs If you so choose you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP. DC. *Examples* SP JT	Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Adel Wholesalers, Incorporated	$1,000,001 - $5,000,000	Dividends	$100,001 - $1,000,000	NA
	Leach Family Farms, Incorporated	$250,001 - $500,000	Dividends	$15,001 - $50,000	NA
	Merrill Lynch CMA	$100,001 - $250,000	Interest	$2,501 - $5,000	NA
	Foxley Cattle Company	$1,000,001 - $5,000,000	Dividends	$100,001 - $1,000,000	NA
SP	Merrill Lynch CMA	$50,001 - $100,000	Interest	$1,001 - $2,500	NA
	Mehta Tech, Incorporated	$1,000,001 - $5,000,000	Interest	$50,001 - $100,000	NA
	THE FOLLOWING INVESTMENTS ARE HELD IN THE LOIS HILL LEACH TRUST Michigan Mun Bd. Auth Dev	$50,001 - $100,000	Interest	$2,501 - $5,000	NA
	CMA Treasury Fund	$15,001 - $50,000	Interest	$201 - $1,000	P

Name Congressman James A Leach **Page** 5 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Airtouch Communications	$1,001 - $15,000	Dividends	None - $200	NA
AT&T Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Ameritect Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	NA
Amn Water Works	$1,001 - $15,000	Dividends	$201 - $1,000	P
Bell Atlantic Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	NA
BellSouth Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Boeing Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	NA
Bristol Myers Squibb Company	$15,001 - $50,000	Dividends	$201 - $1,000	NA
Domtar	$1,001 - $15,000	Dividends	None - $200	NA
Ericsn LM Tel	$15,001 - $50,000	Dividends	None - $200	NA
FPL Group Incorporated	$1,001 - $15,000	Dividends	$201 - $1,000	NA
GATX Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	NA
General Electric	$15,001 - $50,000	Dividends	$201 - $1,000	NA
IMC Global Incorporated Del PV	$1,001 - $15,000	Dividends	None - $200	E
International Flavors & Fragrances	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Kansas City Power & Light	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Lucent Technologies	$1,001 - $15,000	Dividends	None - $200	P
Lee Enterprises Incorporated	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Lee Enterprises Incorporated CL B	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Mattel Incorporated	$1,001 - $15,000	Dividends	None - $200	P
Merck & Company Incorporated	$15,001 - $50 000	Dividends	$201 - $1,000	NA
Motorola Incorporated	$1,001 - $15,000	Dividends	None - $200	NA
Nestle	$15,001 - $50,000	Dividends	$201 - $1,000	NA
Potash Corporation, Saskatchewan	$1,001 - $15,000	Dividends	None - $200	NA
Quaker Oats	None - $1,000	Dividends	$1,001 - $2,500	S

Name Congressman James A Leach | **Page** 6 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Regal Beloit Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	SBC Communications Incorporated	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	Sara Lee Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	Sysco Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Toys R Us	$1,001 - $15,000	Dividends	None - $200	NA
	Tupperware	$1,001 - $15,000	Dividends	None - $200	P
	U S West Communications Media Group	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	U S West Communications Group	$1,001 - $15,000	Dividends	None - $200	NA
	Vigoro Group	None - $1,000	Dividends	None - $200	E
	ML Eurofund FD CL A	$15,001 - $50,000	Dividends	$2,501 - $5,000	P
	Templeton Foreign Fund	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
	ML Technology Vent LP	$1,001 - $15,000	Interest	None - $200	NA
	ML Income Realty	None - $1,000	Interest	None - $200	S
	THE FOLLOWING SECURITIES ARE HELD BY MERRILL LYNCH				
SP	Domtar Incorporated	$1,001 - $15,000	Dividends	None - $200	NA
SP	Flexsteel Industries Incorporated	$1,001 - $15,000	Dividends	$201 - $1,000	NA
SP	GATX Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	NA
SP	Lee Enterprises Incorporated	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	Singapore Air	$1,001 - $15,000	Dividends	None - $200	NA
SP	Adams Express	None - $1,000	Dividends	None - $200	NA
DC	GATX Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	NA
DC	UAL Corporation	$1,001 - $15,000	Dividends	None - $200	P

Name Congressman James A. Leach | **Page** 7 **of** 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Lee Enterprises	$50,001 - $100,000	Dividends	$201 - $1,000	P
DC	MidAmerican Energy	$1,001 - $15,000	Dividends	$201 - $1,000	NA
DC	Singapore Air	$1,001 - $15,000	Dividends	None - $200	NA
DC	America On-line Del	$1,001 - $15,000	Dividends	None - $200	P
DC	CMA Fund	$1,001 - $15,000	Interest	$201 - $1,000	S
DC	Capital Builders Fund	None - $1,000	Interest	$201 - $1,000	P
DC	Domtar	$1,001 - $15,000	Dividends	None - $200	NA
	MERRILL LYNCH IRA ACCOUNT:				
SP	Singapore Air	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	Retirement Reserves Fund	$1,001 - $15,000	Interest	None - $200	P
	THE FOLLOWING IS ALSO HELD BY ELISABETH F LEACH:				
SP	Eileen C Foxley Irrevocable Trust, Dissolved	None - $1,000	Interest	$100,001 - $1,000,000	S
SP	Wyoming Mineral Rights	$1,001 - $15,000	Rent	None - $200	NA
	NORWEST BANK IRA ACCOUNTS.				
	Retirement Savings Certificates	$1,001 - $15,000	Interest	None - $200	NA
SP	Retirement Savings Certificates	$1,001 - $15,000	Interest	None - $200	NA

Name Congressman James A Leach | **Page** 8 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Wright Patman Congressional Federal Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	NA
JT	Norwest Bank	None - $1,000	Interest	None - $200	NA
JT	State of Iowa	None - $1,000	Interest	$201 - $1,000	NA
	MERRILL LYNCH IRA ACCOUNT				
	Singapore Air	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	Retirement Reserves Fund	$1,001 - $15,000	Interest	None - $200	P

Name Congressman James A. Leach

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SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	IMC Global Incorporated Del DV	Exchange	3-6-96	$1,001 - $15,000
	Lucent Technologies	Purchase	10-4-96	$1 001 - $15 000
	CMA Treasury Fund	Purchase	Various	$1,001 - $15,000
	Amn Water Works	Purchase	7-31-96	$1,001 - $15,000
	Mattell Incorporated	Purchase	3-12-96	$1,001 - $15 000
	Quaker Oats	Sold	8-12-96	$1,001 - $15,000
	Tupperware	Purchase	8-15-96	$1,001 - $15,000
	ML Eurofund FD CL A	Purchase	Various	$1,001 - $15,000
	Templeton Foreign Fund	Purchase	Various	$1,001 - $15,000
DC	UAL Corporation	Purchase	Various	$1 001 - $15,000
DC	Lee Enterprises	Purchase	12-26-96	$15,001 - $50 000
DC	America On-Line Incorporated	Purchase	12-26-96	$1,001 - $15,000
DC	CMA Fund	Purchase	Various	$1,001 - $15,000
DC	Capital Builders Fund	Purchase	Various	$1,001 - $15,000
SP	Retirement Reserves Fund	Purchase	Various	$1,001 - $15 000
	Retirement Reserves Fund	Purchase	Various	$1,001 - $15,000
	Vigoro Corporation	Exchange	3-6-96	$1,001 - $15,000
	MLH Income Realty	Sold	5-31-96	$1,001 - $15,000
	Mehta Tech Incorporated additional loan	Purchase	Various	$250 001 - $500,000
SP	Eileen C Foxley Irrevocable Trust, dissolved	Sold	11-8-96	$100,001 - $250,000

Name Congressman James A Leach

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SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St, Dover, Del	$100,001 - $250,000
JT	First Midwest Mortage Corporation, Joliet, Illinois	Business Loan	$250,001 - $500,000

Name Congressman James A Leach

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SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.

For further information, see Instructions, pages 22-24

	Source	Description	Value
Example	Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A		$

Name Congressman James A Leach

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SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Congressman Mark Foley	01/28/96 to 01/29/96	Washington, D C to West Palm Beach, FL to Washington, D C	Y	Y	N	NO
National Republican Congressional Committee	02/09/96	Washington, D C to Charlotte, NC to Washington, D C	N	Y	N	NO
Cuyahoga County Republicans, Congressman Frank Cremeans Congressman Robert Ney, Congresswoman Deborah Pryce	04/22/96	Washington, D C to Cleveland, OH to Washington, D C	N	Y	N	NO
Congressman Jerry Weller	05/20/96	Cedar Rapids, IA to Chicago, IL to Washington, D C	N	Y	N	NO
National Republican Congressional Committee	06/07/96	Washington, D C to Detroit, MI to Cedar Rapids, IA	N	Y	N	NO
Congressman Peter Torkildsen	06/23/96 to 06/24/96	Cedar Rapids, IA to Boston, MA to Washington, D C	Y	Y	N	NO
Iowa Independent Bankers Association	07/20/96	Mt Joy, IA to Lake Okoboji, IA to Mt Joy, IA	N	N	N	NO
Republican National Committee	09/03/96	Washington, D C to Hartford, CT to Washington, D C	N	Y	N	NO
Stanley Foundation, Muscatine, IA	11/14/96	Washington, D C to New York City, NY	N	Y	N	NO
Twentieth Century Fund, New York City, NY (a non-profit organization)	11/15/96	New York City, NY to Washington, D C	Y	Y	N	NO

Name Congressman James A Leach

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SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Organization
Member of Board (unpaid)	Woodrow Wilson School of Princeton University
Vice Chair of Board (unpaid)	Twentieth Century Fund (non-profit educational foundation)
Founder (unpaid)	Republican Mainsteam Committee
Member of Board (unpaid)	Johns Hopkins University SAIS Advisory

Name Congressman James A Leach

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SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
	N\A	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

SANDER MARTIN LEVIN (Full Name)

2209 Rayburn Building (Mailing Address)

Washington, DC 20515

202/225-4961 (Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representatives — State Michigan District 12 ☐ Officer or Employee — Employing Office —

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A ***$200 penalty*** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Sander M. Levin

DATE (Month/Day/Year) 5-14-97

Name Sander Martin Levin

Page 2 of __

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State State of Maryland Civil War Roundtable (Oct 2nd) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	$6 000 $9,000 $1 000 NA
	Victoria Levin, National Institute of Mental Health	Spouse Salary	$65,790

For payments to charity in lieu of honoraria, use Schedule II.

Name Sander Martin Levin

Page 3 of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Sander Martin Levin

Page 4 of ___

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock				X								X							X									P
	Examples: 123 Main St , Dover, Del							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	Wright Patman Federal Credit Union		X												X				X										
	First Union		X												X				X										
	Michigan National Bank		X												X				X										
	1/2 interest in 78A; 1/6 interest in 18A, Tyrone Township, Michigan				X														X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sander Martin Levin

Page 5 **of**

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	1/9 undivided interest in commercial real estate, West Maple, Birmingham, Michigan					x								x	x									x	($24,781)				
	5.3% interest in accounts receivable from Hayden Gregory previously held by LNS Co., a general parternship now liquidated		x																x										
	5.3% interest in Michigan mineral rights previously held by LNS Co., a general partnership in Michigan now liquidated (Antrim Gas income was $799; Shell Western income was $81; Michigan Consolidated Gas Co. income was $196		x																		x								Royalty
	5.3 interest in LRS Co., a general parternship owning real estate in Romulus and Pontiac Townships, Michigan and accounts receivable		x																x										
	Vacation house, Lot 4, West Tisbury, MA						x							x										x	($15,260)				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sander Martin Levin

Page 6 of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	IRA - Merrill Lynch (see attachment)			x	($16,009)														x										
	KEOGH - Merrill Lynch (see attachment)				x	($54,808)																							
	Merrill Lynch C.B.A.		x										x							x									
	Loan: Clark and Bonnie Barnes Victoria Rd., Tyrone Township, Livingston Co., Michigan		x												x				x										

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SCHEDULE III — ATTACHMENT

1. IRA - MERRILL LYNCH PORTFOLIO
   - Merrill Lynch Growth Fund for Income and Retirement CL D
   - Merrill Lynch Federal Securities Trust CL D
   - Merrill Lynch Retirement Reserves Money Market

2. KEOGH - MERRILL LYNCH PORTFOLIO
   - Money Purchase Plan
   - Merrill Lynch Growth Fund for Income and Retirement 18R D
   - Merrill Lynch Basic Value Fund CL B
   - Fidelity Advisor Ser VII Overseas Portfolio
   - Merrill Lynch Retirement Reserves Money Market

   - Profit Sharing Plan
   - Merrill Lynch Growth Fund for Income and Retirement D
   - Fidelity Advisor Growth Opportunities Portfolio
   - Merrill Lynch Basic Value Fund CL B
   - Fidelity Advisory Ser VII Overseas Portfolio
   - Merrill Lynch Retirement Reserves Money Market

Name Sander Martin Levin

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	NONE														

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Name Sander Martin Levin

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Homeside Lending Co., Birmingham, Alabama	Mortgage on vacation house, West Tisbury, MA					x					
	Bank of Boston	Equity Loan on vacation house, West Tisbury, MA		x								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Sander Martin Levin

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash., D.C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Confederation of Indian Industry	Nov. 28-Dec. 9	Wash., D.C.-Frankfurt-Bombay-Delhi-Frankfurt-Wash., D.C.	Y	Y	Y	1 1/2 days

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Name Sander Martin Levin

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Partner	LRS Company

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers and employees

(22)

97 MAY 14 PM 1:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

JERRY LEWIS (Full Name)

2112 Rayburn House Office Building
Washington, D. C. 20515 (Mailing Address)

(909) 225-5861 (Daytime Telephone)

Filer Status: ☒ Member of the U S House of Representatives — State CA District 40 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Note: Financial Disclosure Statement of Spouse is attached.

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III Did you your spouse or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase sell, or exchange any reportable asset worth more than $1 000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse or a dependent child receive any reportable gift in the reporting period (i e aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII Did you your spouse or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10 11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Jerry Lewis

DATE (Month/Day/Year) 5-9-97

Name JERRY LEWIS Page1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6 000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	TRUSTMARK	Commission	207.17

For payments to charity in lieu of honoraria, use Schedule II.

Name JERRY LEWIS
Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JERRY LEWIS

Page 1 of 2

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP. DC. JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP *Examples*	SP Mega Corp Stock				X								X							X									P
DC.	123 Main St., Dover, Del							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	631 Constitution Ave., N.E. Washington, D.C. 20002							X						X										X					
	Charles Schwab & Co.,Inc. IRA rolled over from Transcorp Pension Services, Inc. consisting of cash and stock of Odwalla, Inc.				X										N/A							N/A							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name JERRY LEWIS

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Mill & D Sts.,San Bernardino,Ca Acq.1964,sold on terms in 1989 Final payment made in 1996		X													X					X								
	Lewis Family Trust-1/4 sh. copy attached				X								Trust distributions									X							
	Odwalla, Inc. common stock					X									NONE							NONE							
	Cong.Federal Credit Union			X											X						X								
	1120 1/2 C St.NE,Wash.,D.C.20002					X								X									X						
	Parcel No.13 as shown on Map 4416 recorded May 23, 1979,Book 47, pgs.65 & 66,County of S.B.,Ca.			X											NONE							NONE							
	Legislators Retirement System, California					X							Retirement									X							
	Penn Mutual Life Ins. Co. Retirement System					X									NONE							NONE							
	San Bernardino County Central Credit Union	X													X				X										
	Magnetic Partnership Two 7.432% interest, now Magnetic Pulse Incorporated (written off as a loss in 1996)	X													NONE							NONE							

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SCHEDULE IV — TRANSACTIONS

Name JERRY LEWIS

Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	NONE														

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Name JERRY LEWIS

Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Flagstar Bank (formerly First Security Savings Bank)	Mtg. on 1120 1/2 C St NE,Wash.D.C.20002			X							
	BOMCC (fornerly LaSalle Nat'l. Bank c/o BOMCC)	Mtg. on 631 Constitution Wash.D.C. 20002					X					

1930

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name JERRY LEWIS

Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Mortgage Bankers Assoc. of America		Oct.27-28	Ontario,Ca.-San Francisco-Ontario,Ca.	Y	Y	Y	N
Tobacco Institute		Nov.13-17	Ontario,Ca.-Phoenix,AZ-Wash.D.C.	Y	Y	Y	N

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Name JERRY LEWIS	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD OF DIRECTORS	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL
ADVISORY COUNCIL	HIGH DESERT "PARTNERSHIP IN ACADEMIC EXCELLENCE FOUNDATION, INC.
BOARD OF DIRECTORS	NATIONAL FUND FOR THE U. S. BOTANIC GARDEN
COMMISSIONER	FRANKLIN DELANO ROOSEVELT MEMORIAL COMMISSION

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
July 195	Penn Mutual Life Insurance Co. Agent at age 65. A standard agent's insurance	retirement plan--monthly life annuity beginning contract. Commissions are paid in conformity
	with N.Y. State law and ongoing fees paid	for service to policy holder for life of
	contract.	
1969	Legislators' Retirement System, State of System. Monthly life annuity beginning at	California. Public Employees Retirement age 60.

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

CONTINUATION OF EDWARD R. LEWIS AND ELAINE L. LEWIS TRUST

The undersigned, Richard J. Lewis, Edward R. Lewis, Jr., C. Jeremy Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1983, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

1. Purpose. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.

2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.

3. Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California's laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sole discretion, make distribution to the estate of the one of us as to

whom the ambiguity exists or may petition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Beneficiary Designation by Trustee, such change shall be effective.

3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.

3.2 Notwithstanding anything set forth above, Trustee may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.

4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Executed effective December 1, 1989.

Richard J. Lewis

Edward R. Lewis, Jr.

C. Jeremy Lewis

John C. Lewis

Approved as to form:
GRESHAM, VARNER, SAVAGE, NOLAN & TILDEN

By: Philip M. Savage, III

All assets in the Edward R. and Elaine L. Lewis Trust dated June 15, 1983 remaining following outright distribution after the death of Edward R. Lewis on May 13, 1988, including but not limited to the following:

1. Note dated 5-18 78 in the amount of $11,933.14 by Mark E. Brandlin, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 5-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1034, in Book 9763, Page 1571. Reconveyed

2. Note dated 7-18-84 in the amount of $31,750.00 by Robert Bresnahan and Carolyn Bresnahan and Carolyn Bresnahan as joint tenants, and Rob Bresnahan, at 7% per annum, payments of $250.00 payable on the 18th day of each calendar month, commencing on 7-18-79, secured by deed of trust recorded 8-27-84 as Instrument 84-204415.

3. Note dated 9-1-78 in the amount of $23,245.00 by Gerald W. Bromley and Phyllis Bromley, joint tenants, at 7% per annum, payments of $175.00 payable on the 1st day of each calendar month, commencing 10-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1035, in Book 9763, Page 1572.

4. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

5. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

6. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $60,000.00 by Glasscamp, Inc.

7. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $32,000.00 by Glasscamp, Inc.

8. Note dated 7-22-75 in the amount of $14,400.00 by Alan G. DeWeese and Margaret M. DeWeese, at 7% per annum, payments of $125.00 payable on the 23rd day of each calendar month, commencing 8-23-75, secured by deed of trust recorded 9-4-79 as Instrument 1031, in Book 9763, Page 1568. - Reconveyed

9. Note dated 9-24-80 in the amount of $12,575.00 by Edward W. Heber, Jr., and Judith A. Heber, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 10-1-80, secured by deed of trust recorded 1-19-81 as Instrument 81-012555.

10. Note dated 5-8-78 in the amount of $14,404.22 by James A. and Earleen K. Helm, at 7% per annum, payments of $125.00 payable on the 5th day of calendar month, commencing 6-5-78, secured by deed of trust recorded 9-4-79 as Instrument 1038, in Book 9763, Page 1575.

11. Real property in San Bernardino County, CA, subject to contract for sale dated 4-20-73 for $12,000.00 by Randy Don Hopkinson & Georgette M. Hopkinson. - Reconveyed

12. Note dated 12-24-84 in the amount of $31,750.00 by Sam J. Kahn and Betty L. Kahn as joint tenants, and Robert Craig Bennion and La Ree Bennion as joint tenants, at 7% per annum, payments of $250.00 payable on the 30th day of each calendar month, commencing on 6-30-77, secured by deed of trust recorded 1-2-85 as Instrument 85-000662.

13. Real property in San Bernardino County, CA, subject to contract for sale dated 6-13-79 for $32,000.00 by Carl E. Knauff, Peggy Knauff, Randy W. Roach, Barbara Roach, Stephen F. Jaurigue, Kathleen S. Jaurigue, Philippe J. Tatton, and Susan E. Tatton.

14. Note dated 4-2-84 in the amount of $15,775.00 by Harold E. Koenig, at 7% per annum, payments of $125.00 payable on the 15th day of each calendar month commencing on 9-25-76, secured by deed of trust recorded 5-17-84 as Instrument 84-116000.

15. Note dated 8-31-78 in the amount of $14,000.00 by Albert Lara, at 7% per annum, payments of $125.00 payable on the 30th day of each calendar month, commencing 9-30-78, secured by deed of trust recorded 9-20-79 as Instrument 1137, in Book 9775, Page 1620.

16. Real property in San Bernardino County, CA, subject to contract for sale dated 2-4-84 for $12,000.00 by Richard J. and Donna F. Lewis.

17. Real property in San Bernardino County, CA, subject to contract for sale dated 10-16-79 for $32,000.00 by Marilyn L. Mahan.

18. Note dated 4-1-84 in the amount of $23,600.00 by Michael B. Oliver and Sheila R. Oliver, joint tenants, at 7% per annum, payments of $175.00 payable on the 15th day of each calendar month, commencing on 7-15-77, secured by deed of trust recorded 5-17-84 as Instrument 84-116062.

19. Note by Harold J. Petty and Netty L. Petty at 7% per annum secured by deed of trust recorded as Instrument No. 913 on Dec. 19, 1979 in Book 9583, Page 1403.

20. Note dated 9-28-76 in the amount of $14,011.86 by Melvin L. Smith, Jr., and Marilyn A. Smith, joint tenants, at 7% per annum, payments of $125.00 payable on the 21st day of each calendar month, commencing on 10-21-76. Reconveyed

21. Real property in San Bernardino County, CA, subject to contract for sale dated 5-2-85 for $12,102.28 by Frances M. Stephenson and Austin Shrack.

22. Note dated 4-7-83 in the amount of $28,450.85 by Pauline R. Walton and Bobbie R. Skinner, at 7% per annum, payments of $250.00 payable on the 15th day of each calendar month, commencing 4-15-83, secured by deed of trust recorded 4-19-83 as Instrument 83-082026.

23. Real property in Los Angeles County, CA, subject to contract for sale dated 1-20-88 for $10,000.00 by Rommel Agee.

24. Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled Hawaiian Ocean View Estates which said map was filed in the Bureau of Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

25. Improved real property situated in San Bernardino, CA, at 5328 Park Lane, described as: [illegible]

Lot 2, Tract 5123 as per plat recorded in Book 62 of maps, page 23, records of San Bernardino County, Assessor's Parcel 154-051-37. - Sold in 1991

26. Improved real property situated in San Bernardino, CA, at 5634 Argyle Street, described as: - Sold in 1990

Lot 29, Tract 5095 as per map recorded in Book 75 of Maps, pages 23-24 in the office of the County Recorder of San Bernardino County.

27. Pacific Savings Bank Account # 0535262-0 - Transferred to ck. acct.

28. Franklin Fund - Sold in 1991
California Tax-Free Income Fund - Account No. 11204361724

29. Parcel No. 7 as shown on Parcel Map No. 4416 recorded May 23, 1979 in Parcel Map Book No. 47, pages 65 and 66 in the office of the County of San Bernardino, State of California. Quitclaimed to trust by Richard Lewis 9/17/91.

29. —

C Jeremy Lewis
C. Jeremy Lewis

John C. Lewis

Edward R. Lewis

Richard J Lewis
Richard J. Lewis

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

ARLENE M. WILLIS (Full Name)

2112 Rayburn House Office Bldg.

Washington, D. C. 20515 (Mailing Address)

Daytime Telephone

(Office Use Only)

Filer Status ☐ Member of the U S House of Representatives State District ☒ Officer or Employee Employing Office JERRY LEWIS, M.C.

Report Type ☐ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

A copy of Financial Disclosure Statement of spouse is attached

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Arlene M. Willis

DATE (Month/Day/Year) May 7 1997

Name ARLENE M. WILLIS	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name ARLENE M. WILLIS

Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ARLENE M. WILLIS

Page 1 **of** 1

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Charles Schwab & Co., Inc.																												
	IRA rollover from Transcorp																												
	Pension Services, Inc.																												
	consisting of cash and stock																												
	of Odwalla, INC.				X								N/A						N/A										
	ALL OTHER ITEMS AS SHOWN ON FINANCIAL DISCLOSURE STATEMENT OF SPOUSE ATTACHED HERETO.																												

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name ARLENE M. WILLIS | Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example*	Mega Corporation Common Stock	X			10–12–96		X								
	NONE															

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Name ARLENE M. WILLIS	**Page** 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						
	Ford Motor Credit Co.	Co-signed for Grand-daughter purchase of automobile	X									
	All other items as set forth on Financial Disclosure Statement of spouse which is attached hereto.											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name ARLENE M. WILLIS

Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Only that which is set forth on Financial Disclosure Statement of Spouse which is attached hereto.						

This page may be copied if more space is required.

Name ARLENE M. WILLIS	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996	Form A For use by Members, officers, and employees

Representative John Lewis
(Full Name)

U S House of Representatives
(Mailing Address)
Washington DC 20515

Daytime Telephone: 202-225-3801

Filer Status	☒ Member of the U S House of Representatives	State GA District 05	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐ No ☒	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV Did you your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S C app. 4, 104 and 18 U S C 1001).

SIGNATURE OF REPORTING INDIVIDUAL John Lewis	DATE (Month/Day/Year) 5/14/97

Name Representative John Lewis

Page 1 **of** 9

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Clark Atlanta University, Atlanta GA	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Representative John Lewis

Page 2 **of** 9

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

Source	Activity	Date	Amount
Examples Association of American Associations, Wash , D C	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13, 1994	$500
			$
			$
			$

Name Representative John Lewis | **Page** 3 **of** 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None "	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for Income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples:* Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	

Name Representative John Lewis

Page 4 **of** 9

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000

Name Representative John Lewis	**Page** 5 of 9

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000

Name Representative John Lewis | **Page** 6 of 9

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.

For further information, see Instructions, pages 22-24.

Source	Description	Value
Example. Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
		$
		$
		$

Name Representative John Lewis

Page 7 **of** 9

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Labor's Union Annual Leadership Conference	4/1/96 to 4/2/96	Washington-San Antonio-Atlanta	Y	Y	N	No
	Service Employees International Union	4/22/96 to 4/22/96	Atlanta-Chicago-Atlanta	N	Y	N	No
	Oakwood College	4/27/96 to 4/28/96	Atlanta- Huntsville-Atlanta	Y	Y	N	No
	Americans for Democratic Action, Long Island Chapter	5/5/96 to 5/5/96	Atlanta-New York-Atlanta	N	Y	N	No
	National Council of Senior Citizens	7/1/96 to 7/1/96	Atlanta-Chicago-Atlanta	N	Y	N	No
	American Federation of Teachers(AFL-CIO)	8/1/96 to 8/2/96	Atlanta-Cincinnati-Atlanta	Y	Y	N	No

1953

Name Representative John Lewis

Page 8 **of** 9

SCHEDULE VIII - - POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Organization
Board of Directors	Commission on Presidental Debates
Board of Directors	The Faith and Politics Institute
Board of Directors	Stennis Center for Public Service
Elected Officials Advisory Board	Democrats 2000

Name Representative John Lewis | **Page** 9 of 9

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement

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A $200 penalty shall be assessed against anyone who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Ronald Edward Lewis
(Full Name)

133 Joy-K-Lynn Street
(Mailing Address)

Cecilia KY 42724

Daytime Telephone 202-225-3501

Filer Status	☒ Member of the U S House of Representatives	State KY District 02	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

1956

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☐ No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Ron Lewis

DATE (Month/Day/Year) 5-15-97

Name Ronald Edward Lewis

Page 2 **of** 6

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash , D.C	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
The Tobacco Institute		Address to Washington Working Group	3/19/1996	$ 2,000

Name Ronald Edward Lewis | **Page** 3 **of** 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	Duplex Apartment, Mockingbird Dr.; Radcliff, Kentucky	$50,001 - $100,000	Rent	$2,501 - $5,000	NA
SP	Lord Abbett Affiliated (Mutual Fund)	$1,001 - $15,000	Dividends	None - $200	NA *
SP	Lord Abbett Bond (Mutual Fund)	$1,001 - $15,000	Dividends	$201 - $1,000	NA *
SP	Oppenheimer Discovery Fund (Mutual Fund)	$50,001 - $100,000	Capital Gains	$2,501 - $5,000	P *
SP	Oppenheimer Champion Income (Mutual Fund)	$1,001 - $15,000	Dividends	$1,001 - $2,500	NA *
SP	Templeton Developing Markets (Mutual Fund)	$1,001 - $15,000	Capital Gains and Dividends	None - $200	NA *
SP	Federal Home Loan Mortgage Corp Bonds	$15,001 - $50,000	Interest	$1,001 - $2,500	P *
SP	VKM America CAP Dow 10 (Unit Trust))	$1,001 - $15,000	Capital Gains	None - $200	NA *

Name Ronald Edward Lewis

Page 4 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	VKMAC Strategic 10 (Unit Trust)	$1,001 - $15,000	Capital Gains	$201 - $1,000	NA *
JT	Alpha Christian Bookstore, Elizabethtown, Kentucky	$100,001 - $250,000	Proceeds From Sale*	$15,001 - $50,000	NA
			* Received $41,000 at time of sale in 1994. Purchase Agreement provides for three additional payments of $25,000 each on January of 1995, 1996, and 1997.		* Assets formerly held in a Qualified Employee Stock Ownership Plan (ESOP) for retirement which converted to a self-directed retirement plan in 1995 (First Federal Savings Bank Elizabethtown, Kentucky).

Name Ronald Edward Lewis

Page 5 of 6

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example. Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Oppenheimer Discovery Fund (Mutual Fund)	Purchase	Capital Gains Reinvestment	$1,001 - $15,000
SP	Federal Home Loan Mortgage Corp Bonds	Purchase	Monthly Income Reinvestment	$1,001 - $15,000

1960

Name Ronald Edward Lewis | **Page** 6 of 6

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
JT	First Federal Savings Bank, Elizabethtown, Kentucky	Mortgage on Rental Property, Mockingbird Drive, Radcliff, Kentucky	$50,001 - $100,000

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

John Linder
(Full Name)

Post Office Box 942208
(Mailing Address)
Atlanta GA 31141

Daytime Telephone
(202)225-4272

Filer Status ☒ Member of the U S House of Representatives — State GA — District 04 ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1 000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☐	No ☒
VI Did you your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION--Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

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SIGNATURE OF REPORTING INDIVIDUAL
John Linder

DATE (Month/Day/Year)
5/15/97

Name John Linder | Page 2 of 6

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e. speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
			$

Name John Linder | Page 3 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None "	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2 500 $5,001 - $15,000	P
	Note from sale of Linder Financial Corporation	$500 001 - $1,000,000	Capital Gains	$100,001 - $1,000,000	S
	Grayling Industries, Inc	$1,000,001 - $5,000,000	Dividends	$100,001 - $1,000,000	
	Professional Funding Corporation	$500,001 - $1,000,000		$15,001 - $50,000	
	Profit Sharing Trust (Charles Scwab)	$500,001 - $1,000,000		NA	
SP	Profit Sharing Trust (Charles Scwab)	$100,001 - $250,000		NA	
SP	Cedarwild Resort	$250,001 - $500,000		$50,001 - $100,000	
JT	Crestmark, Limited Partnership (34 98 acre tract on Thornbon Road, Atlanta, Georgia	$15,001 - $50,000	Dividends	$201 - $1,000	
	IRA (divided among Dodge & Cox, Nichols Fund, IAI	$15,001 - $50,000		NA	

Name John Linder **Page** 4 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Fund, Janus Fund)				
SP	IRA (divided among Dodge & Cox Nichols Fund, IAI Fund, Janus Fund)	$15,001 - $50 000		NA	
SP	Note Receivable, Linder Financial Corporation	$15,001 - $50 000	Interest	$2,501 - $5,000	
	Note Receivable, Linder Financial Corporation	$50,001 - $100,000	Interest	$5 001 - $15 000	

Name John Linder | Page 5 of 6

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor **Exclude.** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Boulder County Republican Central Committee	March 22-23	Washington DC - Denver - Atlanta	Y	Y	N	none
The University of Minnesota at Duluth	April 12	Atlanta - Minneapolis - Atlanta	N	Y	N	none

Name John Linder **Page** 6 **of** 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer director trustee of an organization partner proprietor representative employee, or consultant of any corporation firm, partnership, or other business enterprise any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 26

Exclude Positions held in any religious social fraternal or political entities positions solely of an honorary nature and positions listed on Schedule.

Position	Organization
Limited Partner	Crestmark, Limited Partnership (34 98 acre tract on Thornbon Road, Atlanta Georgia)

96

JOHN LINDER
11TH DISTRICT, GEORGIA

COMMITTEE ON RULES

Congress of the United States
House of Representatives
Washington, DC 20515-1004

1006 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1004
(202) 225-4272
FAX: (202) 225-4696
EMAIL: JLINDER@HR.HOUSE.GOV
HTTP://WWW.HOUSE.GOV/LINDER/

DISTRICT OFFICES:
220 COLLEGE AVENUE
SUITE 620
ATHENS, GA 30601
(706) 355-9909
FAX: (706) 355-9988

3875 CRESTWOOD BOULEVARD
SUITE 530
DULUTH, GA 30136
(770) 931-9550
FAX: (770) 931-2776

①

✓ MC

HAND DELIVERED

97 MAY 15 PM 3:49

RECEIVED

May 15, 1997

The Honorable Robin H. Carle
U.S. House of Representatives
Office of the Clerk, H154 the Capitol
Washington, D.C. 20515

Dear Robin:

I want to bring to your attention the following inaccuracies reported on my 1995 financial disclosure form. On Schedule III, the Profit Sharing Trust held by my wife had an asset value of $100,000 to $250,000. It was incorrectly noted that it had an asset value of $250,001 to $500,000. Also, on Schedule III, the Cedarwild Resort held by my wife produced $50,001 to $100,000 in income in 1995. It was inadvertently left off of Schedule III in the 1995 disclosure.

If possible, I would appreciate it if you would correct the above inaccuracies reported in my 1995 report. Thank you for your assistance with this matter. If you have additional questions about this matter, don't hesitate to contact me at 225-4272.

Sincerely,

John

John Linder
Member of Congress

JL:er

PRINTED ON RECYCLED PAPER

①

UNITED STATES HOUSE OF REPRESENTATIVES
FORM A
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996
For use by Members, officers and employees

97 MAY 15 PM 3:21

William Oliver Lipinski
Full Name

1501 Longworth House Office Building
Washington D.C. 20515
(Mailing Address)

202-225-5701
Daytime Telephone

MC HAND DELIVERED
Office Use Only

Filer Status: ☒ Member of the U.S. House of Representatives — State Illinois — District 03 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual May 15 ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)

Name William O. Lipinski | Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Rosemarie Partners	Building Management	2400
	23rd Ward Committeeman	Chairman, Local Democratic Party	8000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William Oliver Lipinski

Page 3 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
				A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5 000 000	I $5,000, 001 – $25,000,000	J $25,000 001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2 500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50 000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000 001 – $5 000,000	X Over $5,000,000	P S E
SP.	Examples	SP	Mega Corp Stock				X								X							X									P
DC.			123 Main St Dover, Del							X						X											X				
JT			1st Bank of Paducah, KY accounts					X									X							X							
JT			Rosemarie Partners Building						X							X									X						
JT			Standard Federal Savings & Loan			X											X							X							
JT			Polish National Alliance	X													X				X										
JT			Archer Heights Credit Union	X													X				X										
			Chicago Park District Retirement Fund			X															X										
SP			IRA Superior Bank			X											X					X									

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William O. Lipinski

Page 4 of 7

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	IRA Superior Bank			x											x					x									
	Keough Plan Standard Federal Savings		x																										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name William O. Lipinski

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	x			10–12–96		x								
JT	Vical, Inc.		x		4/16/96	x									

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Name William Oliver Lipunski

Page 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D.C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Association of Rail-Roads	April 12-15	DC-Pebble Beach,CA-DC	y	y	y	n
	American Association of Railroads	Nov. 22-25	DC-Scottsdale,AZ-DC	y	y	y	n

This page may be copied if more space is required.

Name William O. Lipinski

Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
23rd Ward Committeeman	23rd WardDemocratic Party Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement

GPO 1397 38 554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members officers and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 JUN -5 AM 9 22
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC INSIDE MAIL ②
(Office Use Only)

William Oliver Lipinski
(Full Name)

1501 Longworth House Office Building
Washington D.C. 20515
(Mailing Address)

(202) 225-5701
(Daytime Telephone)

Filer Status: ☒ Member of the U S House of Representatives State IL District 03 ☐ Officer or Employee Employing Office

Report Type: ☐ Annual (May 15) ☒ Amendment (addition to Schedule III) ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☐

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1 000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☐ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10 000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☐

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** Yes ☐ No ☐

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** Yes ☐ No ☐

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** Yes ☐ No ☐

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** Yes ☐ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse or dependent child? (See Instructions pages 10 11) Yes ☐ No ☐

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL William O Lipinski

DATE (Month/Day/Year) June 3, 1997

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William O. Lipinski

Page 2 **of** 2

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

				A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P. S. E
SP.	*Examples*	SP	Mega Corp Stock				X								X							X									P
DC			123 Main St., Dover, Del							X						X											X				
JT			1st Bank of Paducah, KY accounts					X									X							X							
JT			Vical, Inc.	X														X					X								S

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

For use by Members, officers and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

'97 MAY 16 PM 4:00

INSIDE MAIL

(Office Use Only)

Mc

ROBERT L. LIVINGSTON
Full Name

2406 Rayburn HOB, Washington, D.C. 20515 (202) 225-3015
Mailing Address — Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State Louisiana — District 1	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☒	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001.)

SIGNATURE OF REPORTING INDIVIDUAL
Robt L Livingston

DATE (Month, Day, Year)
5-12-97

Name Robert L. Livingston

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1 000
	Ontario County Board of Education	Spouse Salary	NA
	None		0

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert L. Livingston

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2 000
XYZ Magazine	Article	Aug 13, 1996	$500
Price Waterhouse, LLP	Speech	5/14/96	$2,000.00
Aerospace Industries Association	Speech	10/9/96	2,000.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert L. Livingston

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	2 personal homes (excluded - 2 mortgages)																												
JT	IRA - Waters Parkerson				X								N/A						N/A										E
JT	1/3 interest in lot in Lacombe,		X																X										
S	3/4 acre Pointe Coupee, LA LA (wife's 1/5 mineral interest)		X											X							X								
S	Raceland, Louisiana (wife's 6 acres farmland)			X										X							X								
S	25 acres, Pt. Coupee, LA (wife's 1/4 ownership)		X																X										

For additional assets and unearned income, use next page.

1982

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert L. Livingston

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction P, S, E
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250 001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000, 001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001- $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50 001 - $100,000	VIII $100,001 - $1,000,000	IX $1 000 001 - $5,000,000	X Over $5,000,000	
JT	Rhea - Ratite	X																	X										
JT	Condo T[illegible]st Loan (3200 L.P.) Washington, D.C.	X														N/A			X										
SP	Meager Means Investment Club		X												X	X			X										P,S
JT	Ed Jones & Co., CMA Acct.**	X													X	X			X										P, S
JT	W.P. Congressional Credit Union	X													X	[illegible]			X										
JT	Misc. Futures - Dean Witter Reynolds	X														X					X								P,S,E
S	Banc One Corp, Common Stock		X										X						X										P
JT	Abacan Resources, Common Stock		X												N/A				X										P

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Robert L. Livingston | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-96		X								
JT	1/7 Condo Trust (4400 Trust) Washington, D.C.		X		10/20/95	X									
JT	Alpha Environmental				10/8/96	Bankrupt									
JT	Misc. Futures - Dean Witter Reynolds	X	X		6/17 - 11/1/96	X									
JT	AT&T Common Stock**		X		2/20/96	X									
JT	Ascend Common Stock**	X	X		6/18 - 6/19/96	X									
JT	Equifax Common Stock**	X	X		1/15 - 8/1/96	X									
JT	International Paper Company Common Stock**	X	X		2/20 - 4/22/96	X									
JT	Leucadia National Common Stock**	X	X		5/17 - 7/23/96	X									
JT	Stewart Enterprises Common Stock**		X		1/15/96	X									
JT	Wireless One Common Stock**	X	X		'96 Various	X									
S	Bank One Corp Common Stock NEW	X		X	12/31/96	X									
S	LA Banc Shares Common Stock OLD		X	X	12/31/96	X									
JT	Abacan Resources Common Stock	X			10/1/96	X									

This page may be copied if more space is required.

1984

Name Robert L. Livingston | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10 000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10 000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
JT	W.P. Federal Credit Union	Revolving Account	X									
JT	2 home mortgages (excluded)				N/A							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Robert L. Livingston

Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

This page may be copied if more space is required.

Name Robert L. Livingston	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Director	Center for Democracy (Non-profit foreign policy institute)
Director	International Republican Institute (non-profit foreign policy institute)
Regent	Smithsonian Institution

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	none	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES **INSIDE MAIL**

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

RECEIVED
FORM A
For use by Members, officers, and employees
97 JUN -6 PM 4:04

RECEIVED
97 MAY 14 PM 4:03

97 MAY 19 PM 5:10
COMMITTEE
INSIDE MAIL
(Office Use Only)

3

ROBERT L. LIVINGSTON
(Full Name)

2406 Rayburn HOB, Washington, D.C. 20515 (202) 225-3015
(Mailing Address) Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives State Louisiana District 1	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☒	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL: Robt L Livingston

DATE (Month/Day/Year): 5-12-97

1988

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name R.L. Livingston

Page 1 of 2

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	B: A	B: B	B: C	B: D	B: E	B: F	B: G	B: H	B: I	B: J	B: K	C	C	C	C	C	C	D: I	D: II	D: III	D: IV	D: V	D: VI	D: VII	D: VIII	D: IX	D: X	BLOCK E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – [illegible]	[✓ $1,001 – $2,500]	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
Examples	SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	(ADDENDUM)																												
JT	WATERS, PARKERSON (IRA)												X			X				⊗ MAX. (AGGREGATE)									
	— ABACAN RESOURCE CORP				X										-0-								-0-						P
	— MONEY MARKET		X												-0-								-0-						E

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name RL LIVINGSTON Page 2 4 of 2

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
JT.	WATERS, PARKERSON, (IRA)														
	– ABALAN RESOURCE CORP	X			10/31/96			X							
	– LEUCADIA NAT'L CORP		X		10/31/96	X									
	– INTEL CORP.		X		10/31/96	X									
	– NAT'L DATA CORP		X		10/31/96	X									
	– MFS MUTUAL FUNDS (MISC)		X		10/31/96			X							

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UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

For use by Members, officers, and employees

RECEIVED

97 MAY 15 PM 3 44

HAND DELIVERED

Mc

(Office Use Only)

FRANK A. LoBIONDO
(Full Name)

1754 WYNNEWOOD DRIVE
VINELAND, NEW JERSEY 08360
(Mailing Address)

Daytime Telephone (202) 225-6572

Filer Status: ☒ Member of the U.S. House of Representatives — State N.J. District 02 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Terminal on Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL
X Frank A. LoBiondo

DATE (Month/Day/Year)
5/14/97

Name FRANK A. LoBIONDO

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13

Source	Type	Amount
Examples Keene State	Approved Teaching Fee	$6 000
State of Maryland	Legislative Pension	$9 000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
LoBIONDO BROTHERS MOTOR EXPRESS	PENSION LIFE INSURANCE	258
VINELAND BOARD OF EDUCATION	SPOUSE SALARY	N/A
SACRED HEART HIGH SCHOOL	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II

Name FRANK A. LoBIONDO
Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source activity (i e , speech appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples - Association of American Associations Wash , D C XYZ Magazine	Speech Article	Feb 2, 1996 Aug 13, 1996	$2,000 $500
N/A			

This page may be copied if more space is required.

1993

Name FRANK A. LoBIONDO	Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	B: A None – $1,000	B: B $1,001 – $15,000	B: C $15,001 – $50,000	B: D $50,001 – $100,000	B: E $100,001 – $250,000	B: F $250,001 – $500,000	B: G $500,001 – $1,000,000	B: H $1,000,001 – $5,000,000	B: I $5,000,001 – $25,000,000	B: J $25,000,001 – $50,000,000	B: K Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	D: I None – $200	D: II $201 – $1,000	D: III $1,001 – $2,500	D: IV $2,501 – $5,000	D: V $5,001 – $15,000	D: VI $15,001 – $50,000	D: VII $50,001 – $100,000	D: VIII $100,001 – $1,000,000	D: IX $1,000,001 – $5,000,000	D: X Over $5,000,000	E: P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
Examples:	123 Main St., Dover, Del.							X						X											X				
Examples:	1st Bank of Paducah, KY accounts					X									X							X							
	12 ACRES WOODED LAND UPPER DEERFIELD TOWNSHIP, NJ				X														X										
	LoBIONDO BROS MOTOR EXPRESS STOCK					X													X										
	SOUTHERN JERSEY BANCORP OF DEL STK					X							X									X							
	S & L PETROLEUM, INC. STOCK			X															X										
	NEW YORK LIFE INSURANCE POLICY		X												X					X									
	NATIONAL LEASE INCOME FUND 5 PTRSHP	X											N/A						N/A										Partnership Terminated 1993

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name FRANK A. LoBIONDO

Page 5 of 9

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	MINOTOLA NATIONAL BANK ACCOUNT		X												X				X										
	FARMERS & MERCHANTS NATL BANK ACCT			X															X										
	RESOURCES TRUST IRA CASH ACCOUNT		X										X		X						X								
	FRANKLIN GROWTH CLASS I IRA		X										X			X				X									
	RAMCO-GERSHENSON PROPERTIES TR IRA		X										X						X										(1) Below
	SUNAMERICA BLUECHIP CLASS A IRA		X										X								X								
	SUNAMERICA BLUECHIP CLASS B IRA		X										X							X									
SP	MUTUAL OF AMERICA IRA		X										X						X										
SP	COLLECTIVE BANK IRA ACCOUNT		X												X				X										
	LoBIONDO BROTHERS MOTOR EXPRESS 401K PROFIT SHARING PLAN-AMER FUNDS GROUP						X						X			X							X						(2) Below
	(Invested in Washington Mutual Investment Fund; Self Directed)																												
	(1) Previously reported as RPS Realty Trust IRA, this entity reorganized and the name was changed for this IRA asset.																												
	(2) Rolled over from prior Pension Plan. See attached.																												

This page may be copied if more space is required.

Name FRANK A. LoBIONDO

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example.* Mega Corporation Common Stock	X			10–12–96		X								
	THE AMERICAN FUNDS GROUP-WASHINGTON MUTUAL INVESTMENT FUND (RETIREMENT PLAN ROLLOVER)	X			10-14-96				X						

This page may be copied if more space is required.

Name FRANK A. LoBIONDO | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name FRANK A. LoBIONDO Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

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Name FRANK A. LoBIONDO	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement
10-14-96	LoBIONDO BROTHERS MOTOR EXPRESS, INC.	CONTINUING INTEREST IN COMPANY 401(k)-PROFIT SHARING PLAN (SELF DIRECTED)

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

FRANK A. LOBIONDO
2ND DISTRICT, NEW JERSEY

REPLY TO:
☐ 222 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3002
[illegible]
FAX [illegible]

☐ [illegible]
MAYS LANDING, NJ 08330
[illegible]
FAX [illegible]

[illegible]

Congress of the United States
House of Representatives
Washington, DC 20515–3002

COMMITTEES:
TRANSPORTATION AND
INFRASTRUCTURE
SUBCOMMITTEES:
COAST GUARD AND
MARITIME TRANSPORTATION
VICE CHAIRMAN
[illegible] RESOURCES AND ENVIRONMENT

SMALL BUSINESS
SUBCOMMITTEES:
REGULATORY REFORM AND
PAPERWORK REDUCTION
EMPOWERMENT

14 May 1997

Ms. Robin H. Carle
Clerk of the House
1036 Longworth HOB
Washington, D.C. 20515

Dear Ms. Carle:

I am writing to amend my 1992, 1993, 1994 and 1995 Financial Disclosure Statements that were previously filed with the Clerk of the House.

In my 1996 Financial Disclosure Statement, I list as an asset my interest in a self directed retirement fund valued at $259,084. This plan is administered by the American Funds Service Company and represents the proceeds of two retirement accounts administered by Smith Barney that were maintained for my benefit when I was employed by LoBiondo Brothers Motor Express, Inc. On October 14, 1996 these two plans were merged, and the funds rolled over into a self directed account. As a retirement plan, I could not draw from this fund before I retired, after age 59 ½ or later, without paying a penalty in addition to regular income taxes.

In filling out my 1996 statement, it was brought to my attention that my continuing interest in these retirement accounts maintained by my former employer should have been reported on my earlier Financial Disclosure Statements. The first of these plans was a Profit Sharing Account for non-union employees which received employer contributions from 1972 through 1992. In 1993, this plan became dormant and the Company created a second retirement account - a companion 401(k) Plan - to allow for employee contributions. I contributed to this plan in 1993, 1994 and 1995. Both of these plans were adminstred by Shearson Brothers and its successor, Smith Barney. The funds in both of these plans would not have been available to me before I retired, at age 59 ½ or later, without paying a penalty in addition to regular income taxes.

PRINTED ON RECYCLED PAPER

Therefore, by means of this letter, I am amending my Financial Disclosure Statements for the years ended December 31, 1992, 1993, 1994 and 1995 to include my vested interest in these retirement plans in the amount of $193,893, $209,877, $208,343 and $254,950 respectively.

Thank you for your attention to this matter.

Sincerely,

A. Lo Biondo

Frank A. LoBiondo

FAL:m

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 JUN 13 PM 3:02
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

MC HAND DELIVERED (8)

(Office Use Only)

Zoe Lofgren
(Full Name)

105 South 14th Street
(Mailing Address)

San Jose CA 95112

Daytime Telephone: 202 225-3072

Filer Status ☒ Member of the U.S. House of Representatives State: CA District: 16 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒ No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 6-13-97

Name Zoe Lofgren

Page 1 **of** 7

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	John Marshall Collins PC	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Zoe Lofgren | **Page** 2 **of** 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Bank of America - Savings	None - $1,000	Interest	None - $200	
	Cupertino Nat'l Bank - Stock	None - $1,000	Dividends	$201 - $1,000	E
	First Interstate Bank - Deferred Compensation Acct (Certificates of Deposit)	$100,001 - $250,000	Interest	$5,001 - $15,000	
SP	Charles Schwab - IRA (Money Market Fund)	$15,001 - $50,000	Interest	$1,001 - $2,500	
	John Marshall Collins, PC- Stock	$100,001 - $250,000	Dividends	None - $200	
	Penn Mutual Life Insurance Company	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Naglee Mansion Associates (owns 95-99 S 14th St, San Jose, CA)	$50,001 - $100,000	NET INCOME DISTRIBUTED	None - $200	
SP	John Marshall Collins, Profit Sharing Plan.				
	-- Owns Charles Schwab Money Market Fund	$250,001 - $500,000	Interest	$15,001 - $50,000	

Name Zoe Lofgren

Page 3 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Merrill Lynch IRA Account				
	-- Owns Merrill Lynch Global Short Term Income Fund Stock	None - $1,000	Dividends	$2,501 - $5,000	E
	Merrill Lynch Money Market Fund	$100,001 - $250,000	Interest	$5,001 - $15,000	E**
	Bank of America (checking)	$1,001 - $15,000	Interest	None - $200	
DC	California Public Employees Retirement System	$100,001 - $250,000	Interest	$5,001 - $15,000	
DC	Van Kampen American Capital Global Equity-B	$1,001 - $15,000	Dividends	$201 - $1,000	
DC	Alliance Growth Fund -B	$15,001 - $50,000	Dividends	$201 - $1,000	
	Smith Barney Money Funds	None - $1,000	Interest	None - $200	
	Charles Schwab Money Market Fund	$50,001 - $100,000	Interest	$2,501 - $5 000	
	Greater Bay Bancorp	$15,001 - $50,000	Dividends	None - $200	E*
	609 Riverview, Capitola, CA	$250,001 - $500,000	Rent	$15,001 - $50,000	

*Cupertino Bank merged into Greater Bay Bancorp, shares acquired by exchange of CNB stock for GBB stock merger.

**Merrill Lynch Global Short Term, proceeds into Merrill Lynch Money Market Fund.

Name Zoe Lofgren

Page 4 of 7

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example. Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Merrill Lynch Global Short Term Income Fund	Sold	4/96	$100,001 - $250,000
	Merrill Lynch Money Market Fund	Purchase	4/96	$100,001 - $250,000
	Cupertino National Bank	Sold *	12/31/96	$15,001 - $50,000
	Greater Bay Bancorp	Purchase *	12/31/96	$15,001 - $50,000

*Shares exchanged in merger.

Name Zoe Lofgren

Page 5 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
SP	Fidelity Federal Savings & Loan	Mortgage on 95-99 S. 14th St, San Jose, CA	$250,001 - $500,000
SP	San Jose Redevelopment Agency	Mortgage on 95-99 S 14th St, San Jose, CA	$100,001 - $250,000
	Home Savings	Mortgage on 609 Riverview, Capitola	$250,001 - $500,000

Name Zoe Lofgren

Page 6 **of** 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Mother	Lofgren-Collins Household
Member	University of Santa Clara Law School Board of Visitors

Name Zoe Lofgren

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
	California Public Employee Retirement System (through County of Santa Clara, CA)	Continuing membership (vested) - no continuing contributions by employer or employee.
	First Interstate Bank (through County of Santa Clara, CA	Savings plan - no continuing contributions by employer or employee

97 MAY 15 PM 1:00
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U S HOUSE OF REPRESENTATIVES

(28)

MC HAND DELIVERED
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

NITA M. LOWEY
(Full Name)

105 Beverly Road
Rye, NY 10580
(Mailing Address)

914-428-1707
202-225-6506
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives — State New York, District 18	☐ Officer or Employee — Employing Office	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Nita M. Lowey

DATE (Month/Day/Year) May 15, 1997

Name NITA M. LOWEY

Page 2 of 16

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Lowey Dannenberg Bemporad & Selinger, P.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name NITA M. LOWEY | Page 3 of 16

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name NITA M. LOWEY

Page 4 of 16

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples	SP	Mega Corp Stock				X								X							X									P
		123 Main St., Dover, Del							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
JT		Citibank, N.A.				X										X						X								
JT		Chase Bank		X												X					X									
JT		Citibank Landmark Fund								X				X											X					
JT		U.S. Treasury Notes						X								X								X						
S		Lowey Dannenberg Bemporad & Selinger, P.C.								X										NA										
S		Lowey Dannenberg Bemporad & Selinger Profit Sharing							X											NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 5 of 16

SP, DC, JT	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	IRA – The Kaufmann Fund							X											NA										
	IRA – Smith Barney			X															NA										
	U.S. Govt. Thrift Savings Plan		X																NA										
S	IRA Tweedy Browne						X												NA										
	NYS Retirement Plan				X														NA										
	NYS Def. Comp. Plan			X															NA										
JT	M.D. Sass Reenterprise Fund							X								X									X				
JT	M.D. Sass Muni/Treasury Fund							X							X	X								X					
JT	M.D. Sass Symphony Fund							X							X	X								X					P
S	Ingalls & Snyder Value Partnership							X							X	X								X					
JT	EGS Partners							X					X			X									X				
S	P. Oppenheimer & Assoc. Inv. Ptnrsp.							X					X			X								X					
S	Oppenheimer-Spence Partnership						X						X			X						X							
JT	EM New York Properties Partnership	X																	X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

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	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Bear Stearns & Co. Portfolio of NY Tax-Free Bonds(see pp. 6A-6E)								X						X									X					
JT	Glickenhaus Portfolio of NY Tax-Free Bonds (see pp. 6F-6G)						X								X									X					
JT	Lebenthal Portfolio of NY Tax-Free Bonds (see pp. 6H-6L)								X				X											X					
JT	Lebenthal New York Muni Bond Fund					X							X									X							
S	Consolidated Graphics			X									X						X										
S	Halsey Drug			X									X						X										
S	Oxford Resources ***		X										X						X										
S	Prudential Money Market Fund					X							X								X								
S	Lennar Corp.			X									X						X										
S	Teva Pharmaceutical Industries			X									X						X										
S	Toys 'R Us Inc. ***			X									X						X										
S	Lee County Fla. Hosp. Bonds		X												X					X									
S	Smith Barney Money Market Funds*			X									X							X									
S	AT&T Corp.*		X										X							X									
S	Abbott Laboratories*		X										X						X										

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* Discretionary Account at Smith Barney

*** Recommended by Prudential

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Account	A.E.	Tax I D	Period Ending	Last Statement	Page
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Your Account Executive	Telephone

219

NITA LOWEY
105 BEVERLY ROAD
RYE NY 10580-1902

Important Message

IF ANY INFORMATION REGARDING 1996 INTEREST, DIVIDENDS, MISCELLANEOUS INCOME, GROSS PROCEEDS OR ORIGINAL ISSUE DISCOUNT IS REQUIRED TO BE REPORTED TO THE IRS FOR THIS ACCOUNT, A CONSOLIDATED 1099 FORM WILL BE MAILED TO YOU BY JANUARY 31, 1997

Financial Summary

Market Value of Securities	*Long*	*Short*
Equities	$49,913	$0
Bonds	1,024,661	0
Options	0	0
Other	0	0
Security Totals	**$1,074,574**	**$0**

Total Value of Securities This Period	$1,074,574
Net Cash Balance	406
Accrued Interest	14,531
Short Accrued Interest	0
Net Equity This Period	**$1,089,511**
Net Equity Last Statement	$1,108,083

Cash Balance Summary

Cash Balances	*Opening*	*Closing*
Cash	$273.37	$405.54
Net Cash Balance	**$273.37**	**$405.54**

Income Summary

	This Period	*Year to Date*
Dividends	$170.41	$170.41
Other Dividends	235.13	2,621.56
Credit Balance Int	0.00	75.49
Muni Bond Int	2,195.00	37,750.58
Total Income	**$2,600.54**	**$40,819.04**
Bond Purchase Int	$0.00	$755.35

Transactions Settling This Period

Date Mo/Day	Account Type	Transaction Type/Quantity	Description	Price/Rate	Amount Debit	Amount Credit
Dividends And Interest						
12/02	CASH	INTEREST	WESTCHESTER CO N Y DUE 12/01/2001 7.100 REG INT ON 10000 BND REC 11/15/96 PAY 12/01/96			355.00
12/16	CASH	INTEREST	HARRISON N Y G/O BANK QUALIFIED DUE 06/15/2004 5.400 REG INT ON 50000 BND REC 11/29/96 PAY 12/15/96			1,350.00
12/16	CASH	INTEREST	NEW YORK CITY MUN WTR FIN AUTH WTR & SWR SYS REV SER A DUE 06/15/2002 4.900 REG INT ON 20000 BND REC 12/02/96 PAY 12/15/96			490.00
12/31	CASH	CAP GAIN	BLACKROCK NEW YORK INSURED MUNICIPAL 2008 TERM TRUST INC LT CAP GNS 3300 SHS REC 12/16/96 PAY 12/31/96	.0516		170.41

PLEASE REPORT ANY DIFFERENCE OR NON-RECEIPT OF CHECKS OR STOCKS INDICATED AS DELIVERED TO YOU TO CLIENT SERVICES AT 800-634-1428, OR WRITE TO CLIENT SERVICES AT BEAR, STEARNS SECURITIES CORP. ONE METROTECH CENTER NORTH BROOKLYN N.Y. 11201-3859

[redacted]

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Account	A.E.	Tax I.D.	Period Ending	Last Statement	Page
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NITA LOWEY

Transactions Settling This Period

Date Mo/Day	Account Type	Transaction Type/Quantity	Description	Price/Rate	Amount Debit	Amount Credit
Dividends And Interest						
12/31	CASH	DIVIDEND	BLACKROCK NEW YORK INSURED MUNICIPAL 2008 TERM TRUST INC CASH DIV ON 3300 SHS REC 12/16/96 PAY 12/31/96	.0712		235.13
Funds Received And Issued						
12/04	CASH	FND WIRED	IDA# MB088105 FUND WIRED TO 820121004044 INVESTORS FID TRUST CO		628.37	
12/19	CASH	FND WIRED	IDA# MB095314 FUND WIRED TO 820121004044 INVESTORS FIDICUARY TR CO		1,840.00	

Portfolio Positions

Account Type	Quantity	Description	Symbol/Cusip	Price	Market Value	Estimated Annual Income Rate	Estimated Annual Income Amount
Equities/Options							
CASH	3,300	BLACKROCK NEW YORK INSURED MUNICIPAL 2008 TERM TRUST INC	BLN	15.125	49,913	.855	2,822
Municipal Bonds							
CASH	35,000	NEW YORK N Y CITY TRAN AUTH FACS REV LIVINGSTON PLAZA PROJ DATED DATE 08/01/90 FSA INSURED DUE 01/01/1998 6.900% JJ 01 RATING MOODY AAA S+P AAA	649715AF6	103.102 Accr Int.	36,086 1,208	6.900%	2,415
CASH	150,000	NEW YORK N Y CITY TRAN AU TRAN FACS RV REF LIVINGSTON PLZ PJ DATED DATE 07/01/93 BOOK ENTRY ONLY ORIGINAL ISSUE DISCOUNT FSA INSURED DUE 01/01/2000 4.400% JJ 01 RATING MOODY AAA S+P AAA	649715BA6	100.083 Accr Int	150,125 3,300	4.400%	6,600
CASH	25,000	NEW YORK STATE PWR AUTH REV & GEN PURP SER CC REF DATED DATE 08/15/93 BOOK ENTRY ONLY DUE 01/01/2000 4.250% JJ 01 RATING MOODY AA S+P AA-	649892A63	100.028 Accr Int	25,007 531	4.250%	1,063
CASH	35,000	NEW YORK STATE DORM AUTH REVS INSD SKIDMORE COLLEGE DATED DATE 06/15/93 FSA INSURED DUE 07/01/2000 4.400% JJ 01 RATING MOODY AAA S+P AAA	649834LB2	100.548 Accr Int	35,192 770	4.400%	1,540

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Account	A.E	Tax I.D.	Period Ending	Last Statement	Page
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NITA LOWEY

Portfolio Positions

Account Type	Quantity	Description	Symbol/Cusip	Price	Market Value	Estimated Annual Income Rate	Amount
Municipal Bonds							
CASH	25,000	NASSAU CO N Y GEN IMP G/O JER X DATED DATE 11/01/85 MBIA INSURED DUE 11/01/2000 8.000% MN 01 RATING MOODY AAA S+P AAA	631664PZ7	112.826 Accr Int	28,207 333	8.000%	2
CASH	75,000	NEW YORK STATE DORM AUTH REVS INSD SKIDMORE COLLEGE DATED DATE 06/15/93 FSA INSURED DUE 07/01/2001 4.500% JJ 01 RATING MOODY AAA S+P AAA	649834LC0	100.566 Accr Int	75,425 1,688	4.500%	3,3
CASH	10,000	WESTCHESTER CO N Y DATED DATE 12/01/85 DUE 12/01/2001 7.100% JD 01 RATING MOODY AAA S+P AAA	957365SV2	112.427 Accr Int	11,243 59	7.100%	7
CASH	20,000	NEW YORK CITY MUN WTR FIN AUTH WTR & SWR SYS REV SER A DATED DATE 08/16/95 BOOK ENTRY ONLY DUE 06/15/2002 4.900% JD 15 RATING MOODY A S+P A-	649706X78	100.716 Accr Int	20,143 44	4.900%	98
CASH	20,000	MUNICIPAL ASSISTANCE CORP NEW YORK CITY N Y SER E DATED DATE 04/01/96 BOOK ENTRY ONLY DUE 07/01/2002 4.700% JJ 01 RATING MOODY AA S+P A+	626190G30	100.771 Accr Int	20,154 470	4.700%	94
CASH	25,000	NEW YORK STATE LOCAL GOVT ASSISTANCE CORP RFDG SER B DATED DATE 03/15/93 BOOK ENTRY ONLY DUE 04/01/2003 5.100% AO 01 RATING MOODY A S+P A	649876HA0	102.322 Accr Int.	25,581 318	5.100%	1,27
CASH	30,000	NEW YORK ST MED CARE F/F AGY ST LUKES-ROOSEVELT HSP FHA MTG REV-A DATED DATE 07/01/93 BOOK ENTRY ONLY DUE 02/15/2004 4.900% FA 15 CALL 08/15/03 102.000 RATING: MOODY AA S+P AAA	64988JDD9	99.413 Accr Int	29,824 555	4.900%	1,4
CASH	50,000	HARRISON N Y G/O BSNK QUALIFIED DATED DATE 06/15/92 BOOK ENTRY ONLY DUE 06/15/2004 5.400% JD 15 RATING MOODY AA1	415360RA6	105.645 Accr Int	52,823 120	5.400%	2,70
CASH	25,000	NEW YORK STATE G/O DATED DATE 02/01/92 BOOK ENTRY ONLY PAR CALL 02/01/2004 DUE 02/01/2005 6.750% FA 01 CALL 02/01/02 102.000 RATING MOODY A S+P A	649785Y71	110.509 Accr Int	27,627 703	6.750%	1,68

PAGE 6 D

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Account	A.E.	Tax I.D.	Period Ending	Last Statement	Page
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NITA LOWEY

Portfolio Positions

Account Type	Quantity	Description	Symbol/Cusip	Price	Market Value	Estimated Annual Income Rate	Estimated Annual Income Amount
Municipal Bonds							
CASH	50,000	NEW YORK ST LOC GOVT ASSISTNCE CORP RFDG SER C DATED DATE 07/01/93 BOOK ENTRY ONLY DUE 04/01/2005 5 100% AO 01 CALL 04/01/03 102 000 RATING. MOODY A S+P A	649876JA8	101.472 Accr Int	50,736 638	5.100%	2,55
CASH	25,000	NEW YORK CITY G/O RFDG SER A DATED DATE 07/28/94 BOOK ENTRY ONLY ORIGINAL ISSUE DISCOUNT DUE 08/01/2005 6 000% FA 01 CALL 08/01/04 101 500 RATING MOODY BAA1 S+P BBB+	649653NV0	103.725 Accr Int	25,931 625	6.000%	1 50
CASH	50,000	NEW YORK STATE LOCAL GOVT ASSISTANCE CORP SER C DATED DATE 12/01/92 BOOK ENTRY ONLY PAR CALL 04/01/2004 DUE 04/01 2006 6 000% AO 01 CALL 04/01 02 102 000 RATING MOODY A S+P A	649876GN3	106.197 Accr Int	53,099 750	6.000%	3,00
CASH	25,000	NEW YORK ST DORM AUTH REVS ST JOHNS UNIV DATED DATE 10/15/96 FIRST COUPON 07/01/1997 BOOK ENTRY ONLY MBIA INSURED DUE 07/01/2006 4 900% JJ 01 RATING MOODY AAA S+P AAA	649836NP4	100 226 Accr Int	25,057 259	4 900%	1 22
CASH	25,000	MAC N Y SER 62 DATED DATE 03/01 87 ORIGINAL ISSUE DISCOUNT PAR CALL 07 01/2003 DUE 07/01/2007 6 900% JJ 01 CALL 07/01/97 102 000 RATING MOODY AA S+P AA-	626190SZ6	103 291 Accr Int	25,823 863	6.900%	1,72
CASH	30,000	PUERTO RICO ELEC PWR AUTH PWR REV SER-X DATED DATE 08/15/95 BOOK ENTRY ONLY MBIA INSURED DUE 07/01/2007 5 200% JJ 01 RATING: MOODY AAA S+P AAA	745268TM4	102 473 Accr Int	30,742 780	5.200%	1,56
CASH	15,000	METROPOLITAN TSPTN AUTH N Y EXCESS LOSS FD SPL OBLIG BDS DATED DATE 12/01/89 PAR CALL 01/01/2002 MBIA INSURED DUE 01/01/2008 6 875% JJ 01 CALL 01/01/00 102.000 RATING MOODY AAA S+P AAA	59260CAQ7	107 906 Accr Int	16,186 516	6.875%	1 03
		Market Value - Municipal Bonds			765,011		39,347

BEAR STEARNS
Bear, Stearns & Co. Inc.
245 Park Avenue
New York, New York 10167
(212) 272 2000

CLEARED THROUGH ITS
WHOLLY OWNED SUBSIDIARY
BEAR, STEARNS SECURITIES CORP
ONE METROTECH CENTER NORTH
BROOKLYN, NEW YORK 11201-3859
(212) 272-1000

Account	A.E.	Tax I D	Period Ending	Last Statement	Page
			12 31 96	11 29/96	5 of 5

NITA LOWEY

Portfolio Positions

Account Type	Quantity	Description	Symbol/Cusip	Price	Market Value	Estimated Annual Inco Rate	Amount
Corporate Bonds							
CASH	250,000	UNISYS CORPORATION CREDIT SENSITIVE NOTES DATED DATE 05/29/90 BOOK ENTRY ONLY DUE 07/01/1997 15.000% RATING MOODY B1 S+P B+	909214AV0	103 860	259 650		-
		***** Your Priced Securities Value *****			1,074,574		42,169
		Total Accrued Interest			14,531		

There are no "Stop Loss" orders or other pending buy or sell open orders on file for your account.

EGINNING JANUARY 2, 1997, FEDERAL REGULATIONS REQUIRE THAT, IN ADDITION TO THE SEC FEE NORMALLY
HARGED ON SELL TRANSACTIONS FOR EQUITIES LISTED ON NATIONAL SECURITIES EXCHANGES
UCH AS NYSE, AMEX, ETC.), THE SEC FEE WILL ALSO BE APPLICABLE TO EQUITY SELL TRANSACTIONS
ONDUCTED IN THE OTC MARKET.

*** End of Statement ***

GLICKENHAUS & CO.

Six East 43rd Street
New York, NY 10017-4641
(212) 953-7800

Clearance Agent:
Neuberger&Berman,LLC
605 Third Avenue
New York, NY 10158-3698

For the period 11/30/96 to 12/31/96

Page 1 of 2

ACCOUNT IDENTIFICATION ________ TAX IDENTIFICATION ________

STEPHEN LOWEY
NITA M LOWEY JT/TEN
105 BEVERLY ROAD
RYE NY 10580-1902

NET EQUITY	OPENING BALANCE	CLOSING BALANCE
Cash	25,327 58	25,467 00
Debt Instruments		263,167
Accrued Int Long		5 212
TOTAL VALUE OF ACCOUNT		293 846

TAX SUMMARY	THIS MONTH	YEAR TO DATE
Non Taxable Muni Int	00	15,750 00
Interest Credit	139 42	925.40

TRANSACTIONS SETTLED THIS MONTH

	DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
DIVIDENDS & INTEREST	12/23/96	INTEREST		INTEREST ON CREDIT BALANCE FROM 11/21/1996 TO 12/20/1996 AT 4 9500% AVBAL 25,328		104.48
	12/31/96	INTEREST		INTEREST ON CREDIT BALANCE FROM 12/21/1996 TO 12/30/1996 AT 4.9500% AVBAL 25,411		34 94

SECURITY POSITIONS IN YOUR ACCOUNT

	QUANTITY	DESCRIPTION	PRICE	MARKET VALUE
DEBT INSTRUMENTS	120,000	NEW YORK STATE LOCAL GOVT ASSTNCE CORP SER C DATED DATE 12/01/92 BOOK ENTRY ONLY ORIGINAL ISSUE DISCOUNT PAR CALL 04/01/2004 DUE 04/01/2018 6.250% AO 01 CALL 04/01/02 102 000	103 980	124,776
	100,000	NEW YORK ST MED CARE FACS FIN AGY REV MTG PJ SER B DATED DATE 09/01/94 BOOK ENTRY ONLY PAR CALL 08/15/2006 DUE 08/15/2014 6.450% FA 15 CALL 08/15/04 102.000	106.780	106,780
	30,000	METROPOLITAN TRANSN AUTH N Y SER A COMMUTER FACS REV DATED DATE 07/01/94 BOOK ENTRY ONLY PAR CALL 07/01/2006 MBIA INSURED DUE 07/01/2010 6 000% JJ 01 CALL 07/01/04 101.500	105 370	31,611
		TOTAL DEBT INSTRUMENTS		263,167

GLICKENHAUS & CO.

Six East 43rd Street
New York, NY 10017-4641
(212) 953-7800

Clearance Agent
Neuberger&Berman LLC
605 Third Avenue
New York NY 10158 3698

For the period 11/30/96 to 12 31/96

Page 1 of 2

ACCOUNT IDENTIFICATION TAX IDENTIFICATION

STEPHEN LOWEY
NITA M LOWEY JT/TEN
105 BEVERLY ROAD
RYE NY 10580-1902

NET EQUITY	OPENING BALANCE	CLOSING BALANCE
Cash	25 327 58	25 467 00
Debt Instruments		263 167
Accrued Int Long		5,212
TOTAL VALUE OF ACCOUNT		293 846

TAX SUMMARY	THIS MONTH	YEAR TO DATE
Non Taxable Muni Int	00	15,750 00
Interest Credit	139 42	925 40

TRANSACTIONS SETTLED THIS MONTH

	DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
DIVIDENDS & INTEREST	12/23/96	INTEREST		INTEREST ON CREDIT BALANCE FROM 11/21/1996 TO 12/20/1996 AT 4.9500% AVBAL 25,328		104.48
	12/31/96	INTEREST		INTEREST ON CREDIT BALANCE FROM 12/21/1996 TO 12/30/1996 AT 4 9500% AVBAL 25,411		34 94

SECURITY POSITIONS IN YOUR ACCOUNT

	QUANTITY	DESCRIPTION	PRICE	MARKET VALUE
DEBT INSTRUMENTS	120,000	NEW YORK STATE LOCAL GOVT ASSTNCE CORP SER C DATED DATE 12/01/92 BOOK ENTRY ONLY ORIGINAL ISSUE DISCOUNT PAR CALL 04/01/2004 DUE 04/01/2018 6.250% AO 01 CALL 04/01/02 102.000	103 980	124,776
	100,000	NEW YORK ST MED CARE FACS FIN AGY REV MTG PJ SER B DATED DATE 09/01/94 BOOK ENTRY ONLY PAR CALL 08/15/2006 DUE 08/15/2014 6 450% FA 15 CALL 08/15/04 102.000	106 780	106,780
	30,000	METROPOLITAN TRANSN AUTH N Y SER A COMMUTER FACS REV DATED DATE 07/01/94 BOOK ENTRY ONLY PAR CALL 07/01/2006 MBIA INSURED DUE 07/01/2010 6 000% JJ 01 CALL 07/01/04 101.500	105 370	31,611
		TOTAL DEBT INSTRUMENTS		263,167

LEBENTHAL
120 Broadway
New York, NY 10271-0005
(212) 425-6116

YOUR BROKERAGE ACCOUNT STATEMENT

Statement Period: November 30, 1996
through: December 31, 1996

Account Number:

Soc. Sec. Number:

Phone Number:

Statement for the account of:

STEPHEN LOWEY AND
NITA M. LOWEY JTWROS
105 BEVERLY ROAD
RYE NY 10580-1902

Your Account Executive:

James A. Lebenthal
Lebenthal & Co., Inc
120 Broadway 12th FL.
New York NY 10271-1299
(212) 748-5555

ASSET VALUATION

	This Period		*Last Period*	
	Value	*% of Assets*	*Value*	*% of Assets*
Money Market Funds	11,305.85	1.08	11,305.85	1.07
Municipal Bonds	785,970.00	74.81	788,826.00	74.81
Mutual Funds	253,409.87	24.12	254,240.64	24.11
Total Brokerage Account Assets	$1,050,685.72	100.00	$1,054,372.49	100.00
Total Assets	$1,050,685.72	100.00	$1,054,372.49	100.00

ACTIVITY SUMMARY

	Debits	*Credits*
Opening Balance		$.00
Sec. Withdrawals/Deposits	1,052.20-	.00
Dividends and Interest	.00	1,052.20
Closing Balance		$.00

MESSAGES

NOTICE

EFFECTIVE JANUARY 1, 1997, THE SEC FEE APPLICABLE TO SALES OF LISTED SECURITIES NOW APPLIES BY LAW TO MOST OVER-THE-COUNTER SECURITIES. PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR FURTHER INFORMATION.

PLEASE NOTE, IF YOU OWNED SHARES OF ANY MONEY MARKET MUTUAL FUND(S) LINKED TO YOUR BROKERAGE ACCOUNT IN 1996, DIVIDENDS EARNED ON THESE FUNDS IN THE MONTH OF DECEMBER 1996 MAY NOT BE REFLECTED ON THIS STATEMENT. THESE DIVIDENDS WILL BE POSTED ON YOUR JANUARY 1997 STATEMENT. SINCE THE FUND MANAGER IS REQUIRED TO REPORT TO THE IRS THE TOTAL DIVIDENDS EARNED ON YOUR MONEY FUND SHARES DURING 1996, YOU SHOULD RECEIVE A 1099-DIV DIRECTLY FROM THE FUND MANAGER. DIVIDENDS EARNED IN A RETIREMENT ACCOUNT ARE TAX-DEFERRED AND A 1099-DIV WILL NOT BE ISSUED.

YOUR ACCOUNT IS PROTECTED UP TO $10,000,000. SEE LAST PAGE FOR DETAILS AND OTHER IMPORTANT INFORMATION.

LEBENTHAL
120 Broadway
New York, NY 10271-0005
(212) 425-6110

YOUR BROKERAGE ACCOUNT STATEMENT

MESSAGES *(continued)*

THE SPOUSAL IRA CONTRIBUTION AMOUNT HAS BEEN INCREASED!

THANKS TO THE SMALL BUSINESS JOB PROTECTION ACT OF 1996, SPOUSAL IRAS HAVE BEEN SUBSTANTIALLY IMPROVED. THE NEW LAW PERMITS MARRIED COUPLES WITH ONLY ONE WORKING SPOUSE TO NOW CONTRIBUTE UP TO $4,000 COMBINED TO THEIR INDIVIDUAL RETIREMENT ACCOUNTS (IRAS), UP FROM A MAXIMUM OF $2,250 BEFORE THIS LEGISLATION. TO QUALIFY, YOU MUST FILE A JOINT TAX RETURN. AS A BONUS, WE WILL WAIVE THE 1997 ANNUAL MAINTENANCE FEE ON ANY NEW OR EXISTING SPOUSAL IRA WITH A $2,000 CONTRIBUTION FOR THE 1997 TAX YEAR.

PLEASE NOTE, THE NEW LEGISLATION PERTAINS TO CONTRIBUTIONS THAT YOU MAKE TO A SPOUSAL IRA BEGINNING IN THE 1997 TAX YEAR. CONTRIBUTIONS THAT YOU MAKE TO A SPOUSAL IRA FOR THE 1996 TAX YEAR ARE NOT AFFECTED BY THE INCREASE.

TRANSACTIONS BY TYPE OF ACTIVITY

Withdrawals and Deposit of Securities

Process Date	*Transaction Date*	*Activity Type*	*Description*	*Quantity*	*Debit Amount*	*Credit Amount*
12/16/96		REINVEST CASH INCOME	LEBENTHAL NEW YORK MUNICIPAL BOND FUND SHRS PURCH AT $8.01000 FOR ACCRUAL PERIOD ENDING 12/12/96	131.36100	1,052.20-	
Total Withdrawals and Deposit of Securities					$1,052.20-	$.00

Dividends and Interest

Process Date	*Transaction Date*	*Activity Type*	*Description*	*Debit Amount*	*Credit Amount*
12/16/96		NON-TAXABLE DISTRIBUTION RECEIVED	LEBENTHAL NEW YORK MUNICIPAL BOND FUND FOR ACCRUAL PERIOD ENDING 12/12/96		1,052.20
Total Dividends and Interest				$.00	$1,052.20

LEBENTHAL 120 Broadway
New York, NY 10271-0005
(212) 425-6116

YOUR BROKERAGE
ACCOUNT STATEMENT

TRANSACTIONS BY TYPE OF ACTIVITY *(continued)*

Total Value of all Transactions	**$1,052.20-**	**$1,052.20**

PORTFOLIO HOLDINGS

Municipal Bonds *(In alphabetical sequence)*

Quantity	*Description*	*Price*	*Market Value*	*Accrued Interest*	*Estimated Yield*	*Annual Income*	*Security ID*	*Account Type*	*Location*
100,000	NASSAU COUNTY N.Y. SERIES N 6.125% 10/15/09 B/E DTD 10/29/92 CALLABLE 10/15/02 @ 103.000 AMBAC INSURED 1ST CPN DTE 04/15/93 CPN PMT SEMI ANNUAL ON APR 15 AND OCT 15 MOODY RATING AAA S & P RATING AAA	110.511	110,511.00	1,293.06	5.540%	6,125.00	6316544V9	CASH	
100,000	NEW YORK CITY SER A 6.000% 08/01/06 B/E DTD 07/11/96 1ST CPN DTE 02/01/97 CPN PMT SEMI ANNUAL ON FEB 01 AND AUG 01 MOODY RATING BAA1 S & P RATING BBB+	103.304	103,304.00	2,833.33	5.800%	6,000.00	6496646D6	CASH	
50,000	NEW YORK STATE CROSSOVER REFUNDING 5.800% 11/15/03 B/E DTD 07/15/92 CALLABLE 11/15/02 @ 101.000 1ST CPN DTE 11/15/92 CPN PMT SEMI ANNUAL ON MAY 15 AND NOV 15 MOODY RATING A S & P RATING A-	106.831	53,415.50	370.56	5.420%	2,900.00	6497853A8	CASH	
100,000	NEW YORK ST DORM AUTH REVS CITY UNIV- 3RD GEN RES-SER 2 6.400% 07/01/07 B/E DTD 11/15/94 CALLABLE 07/01/04 @ 102.000 CALLABLE 07/01/06 @ 100.000 MBIA INSURED 1ST CPN DTE 07/01/95 CPN PMT SEMI ANNUAL ON JAN 01 AND JUL 01 MOODY RATING AAA S & P RATING AAA	109.850	109,850.00	3,200.00	5.820%	6,400.00	6498346G8	CASH	

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YOUR BROKERAGE
ACCOUNT STATEMENT

PORTFOLIO HOLDINGS *(continued)*

Municipal Bonds *(in alphabetical sequence, continued)*

Quantity	*Description*	*Price*	*Market Value*	*Accrued Interest*	*Estimated Yield*	*Annual Income*	*Security ID*	*Account Type*	*Location*
250,000	N Y ST MED CARE FACS FIN AGY REV MENTAL HLTH SVCS FACS-SER D 5.400% 02/15/08 B/E DTD 07/01/95 CALLABLE 08/15/05 @ 102.000 CALLABLE 08/15/07 @ 100.000 MBIA INSURED 1ST CPN DTE 02/15/96 CPN PMT SEMI ANNUAL ON FEB 15 AND AUG 15 MOODY RATING AAA S & P RATING AAA	102.381	255,952.50	5,100.00	5.270%	13,500.00	64988KUA3	CASH	
150,000	NEW YORK ST URBAN DEV CORP REVENUES CORRECTIONAL CAPITAL FACILITIES SERIES 5 6.000% 01/01/09 B/E DTD 08/01/95 CALLABLE 01/01/05 @ 102.000 CALLABLE 01/01/07 @ 100.000 1ST CPN DTE 01/01/96 CPN PMT SEMI ANNUAL ON JAN 01 AND JUL 01 MOODY RATING BAA1 S & P RATING BBB	101.958	152,937.00	4,500.00	5.880%	9,000.00	650033W90	CASH	
Total Municipal Bonds			$785,970.00	$17,296.95		$43,925.00			

Mutual Funds

Quantity	*Description*	*Price*	*Market Value*	*Dividend Option*	*Capital Gain Option*	*Security ID*	*Account Type*	*Location*
31,557.89200	LEBENTHAL NEW YORK MUNICIPAL BOND FUND	8.030	253,409.87	REINVEST	REINVEST	523216208	CASH	
Total Mutual Funds			$253,409.87					

	Market Value	*Accrued Interest*	*Annual Income*
Total -- All Securities	$1,039,379.87	$17,296.95	$43,925.00

Securities prices may vary from actual liquidation value. Prices shown should only be used as a general guide to portfolio value. Prices are received from various pricing services However, pricing services are sometimes unable to provide timely information. Where pricing sources are not readily available, particularly on certain debt securities, estimated prices may be generated by a matrix system taking various factors into consideration. The pricing of listed options takes into account the last closing price, as well as the current bid and offer prices Where securities have not been priced, such securities have not been included in the Asset Valuation information at the beginning of this statement.

Clearing Through **Pershing** Division of Donaldson, Lufkin & Jenrette Securities Corporation A00029171
One Pershing Plaza Jersey City N J 07399

PAGE 6K

LEBENTHAL
120 Broadway
New York, NY 10271-0005
(212) 425-6116

YOUR BROKERAGE
ACCOUNT STATEMENT

MONEY MARKET FUND SUMMARY

Fund Name	*Account Number*	*Activity Ending*	*Opening Balance*	*Closing Balance*	*Accrued Income*	*Income This Year*	*Current Yield*	*30-Day Yield*
ALLIANCE MUNI TR NY PORT	0004940991	12/31/96	11,305.85	11,305.85	37.63	278.18	2.940	2.740
Total Money Market Fund Holdings			**$11,305.85**	**$11,305.85**	**$37.63**	**$278.18**		

DIVIDEND, INTEREST AND DISTRIBUTION SUMMARY

	This Period		*This Year*	
	Taxable	*Non Taxable*	*Taxable*	*Non Taxable*
Municipal Bond Interest	.00	.00	.00	38,825.00
Mutual Fund Dividends - Current Year	.00	1,052.20	.00	12,204.86
Margin Interest Paid	.00	.00	.00	57.16-
Total Dividends and Interest	**$.00**	**$1,052.20**	**$.00**	**$50,972.70**

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 7 **of** 16

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	Bankamerica Corp.*		X										X						X										
S	Bell Atlantic Corp.		X										X						X										
S	Chemical Banking Corp.* (Now Chase)		X										X						X										
S	Corning Inc.*		X										X						X										
S	GTE Corp.*		X										X						X										
S	Great Western Financial Corp.*		X										X						X										
S	McDonalds Corp.*		X										X						X										
S	Pepsico Inc.*		X										X						X										
S	Procter & Gamble Co.*		X										X							X									
S	Oppenheimer & Co. Money Market Fund			X									X							X									
S	Western Ohio Financial Corp. ****			X									X							X									
S	American Greetings Corp.*		X										X						X										
S	Data Broadcasting			X									X						X										
S	Eastman Kodak *		X										X							X									
S	General Motors*		X										X						X										

This page may be copied if more space is required. **** Discretionary Account at Oppenheimer & Co., Inc.

* Discretionary Account at Smith Barney.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 8 of 16

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50 001 – $100 000	E $100 001 – $250,000	F $250 001 – $500 000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25 000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1 001 – $2 500	IV $2,501 – $5,000	V $5,001 – $15 000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000 001 – $5 000 000	X Over $5 000,000	P, S, E
S	H.J. Heinz*		X										X							X									
S	Calmat **			X									X						X										
S	Canadian PAC **			X									X						X										
S	Hemlo Gold Mines **			X									X							X									
S	Newhall Land Pship. **			X									X						X										
S	St. Joe Paper**			X									X							X									
S	Stone & Webster **			X									X						X										
S	Wellsford Residential Property **				X								X							X									
S	Alliance muni Fund **			X									X							X									
S	Cytotherapeutics Inc. ****				X								X						X										P
S	Liposome Co. Inc. ****			X									X						X										P
S	Triad Systems Corp. ****			X									X						X										P
S	TCW DW Emerging Markets ****			X									X						X										P
S	Apollo Group Inc. ***			X									X						X										P
S	Applied Magnetics Corp. ***			X									X						X										P

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* Discretionary Account at Smith Barney

** Discretionary Account at Oppenheimer & Close

*** Recommended by Prudential

**** Discretionary Account at Oppenheimer & Co., Inc.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 9 of 16

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	Aquilla Biopharmaceuticals Inc. ***		X										X						X										P
S	Aspect Telecommunications ***		X										X						X										P
S	Bed Bath and Beyond Incorporated ***		X										X						X										P
S	Chevron Corp. ***		X										X						X										P
S	DVL Inc. ***			X									X						X										P
S	General Motors Corp. ***		X										X						X										P
S	International Paper ***		X										X						X										P
S	Lucent Technologies Inc. ***		X										X						X										P
S	Microchip Technology Inc. ***			X									X							X									P
S	Minnesota Mining Manufacturing Co.***		X										X						X										P
S	Parametric Technology Corp. ***			X									X							X									P
S	Promus Hotel Corp. ***		X										X						X										P
S	Saba Petroleum Company ***					X							X							X									P
S	Security Dynamics Technologies Inc. ***		X										X						X										P
S	Synopsys Inc. ***			X									X							X									P

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*** Recommended by Prudential

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 10 of 16

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP. DC. JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 $100,000	E $100,001 – $250,000	F $250,001 - $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 - $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P. S. E
S	American Express Co. *		X										X						X										P
S	American International Group Inc.*		X										X						X										P
S	Amgen Inc. *		X										X						X										P
S	Colgate Palmolive Co. *			X									X							X									P
S	Federal National Mortgage Assn. *		X										X						X										P
S	Mellon Bank Corp. *		X										X							X									P
S	Microsoft Corp. *			X									X							X									P
JT	Gilder Gagnon & Howe Managed Account							X					N/A						X										S
S	A Plus Network			X									X						X										S
S	MCO Resources, Inc. Sub Note		X												X								X						S
S	Collier County Fla. Cap. Impt. Bonds			X											X					X									S
S	TNP Enterprises Inc.				X								X							X									S
S	El Paso Nat. Gas		X										X							X									S

This page may be copied if more space is required.

* Discretionary Account at Smith Barney

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

Page 10A of 16

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	Hanson PVC			X									X							X									S
S	Ford Motor			X									X							X									S
S	Kurzweil Applied Intelligence Inc.			X									X						X										S

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name NITA M. LOWEY

Page 11 of 16

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
JT	M.D. Sass Symphony Fund	X			3/30/96						X				
JT	Gilder Gagnon & Howe Managed Account		X		1/6/96						X				
S	A Plus Network		X		5/16/96		X								
S	American Express Co.	X			3/8/96	X									
S	MCO Resources, Inc. Sub Note		X		8/1/96				X						
S	Collier County Fla. Cap. Impt. Bonds		X		10/1/96		X								
S	TNP Enterprises Inc.		X		6/19/96			X							
S	El Paso Nat. Gas		X		4/12/96	X									
S	Hanson PVC		X		10/16/96		X								
S	Ford Motor		X		3/6/96		X								
S	Cytotherapeutics Inc.	X			7/18; 9/23; 10/3 1996		X								
S	Liposome Co. Inc.	X			7/15/96		X								
S	Triad Systems	X			8/27/96		X								
S	TCW DW Emerging Markets	X			7/18/96		X								
S	Apollo Group Inc.	X			2/2/96		X								
S	Applied Magnetics Corp.	X			10/23/96		X								

This page may be copied if more space is required.

Name NITA M. LOWEY	Page 14 of 16

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100 000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name NITA M. LOWEY

Page 15 of 16

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Jewish Community Center of Tidewater (Tidewater Jewish Forum)	Apr. 21-22	NYC - Norfolk, VA - NYC	Y	Y	N	N
	Aspen Institute Conference (U.S. National Security and the Global Environment)	Nov. 7-17	Newark, NJ - Lisbon, Portugal - NYC	Y	Y	Y	4 days

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Name NITA M. LOWEY

Page 16 of 16

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY -8 AM 11:36
OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC ④
(Office Use Only)

Frank D Lucas
(Full Name)

Rt 2, Box 136A
(Mailing Address)
Cheyenne OK 73628

Daytime Telephone
202-225-5565

Filer Status ☒ Member of the U S House of Representatives State OK District 06 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V Did you your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Frank D Lucas

DATE (Month/Day/Year) 5-6-97

Name Frank D Lucas | **Page** 2 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None "	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP Mega Corp. Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2 500 $5 001 - $15,000	P
	Panhandle Royalty Co Stock	$1,001 - $15,000	Dividends	None - $200	NA
JT	Security State Bank, Cheyenne, OK	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP	Western Farm Bureau IRA	$1,001 - $15,000	Interest	None - $200	NA
	Apache Corporation		Royalty	$201 - $1,000	NA
	Oryx Energy Co		Royalty	$201 - $1,000	NA
	ST Mary Operating Co		Royalty	None - $200	NA
	Santa Fe Minerals, Inc		Royalty	$2,501 - $5,000	NA
	Amoco Production Co		Royalty	$5 001 - $15,000	NA
	480acres-Farmland,House,Equip ,&Cattle,Cheyenne,O	$100,001 - $250,000	Farm Income	$15,001 - $50,000 (gross)	NA

Name Frank D Lucas | Page 3 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	103 acres-Mineral Rights Roger Mills OK	$100,001 - $250,000	See above individual companies	NA	NA
	Public Employee Retirement	$15,001 - $50,000		NA	NA
SP	Oklahoma Teacher Retirement	$1,001 - $15,000		NA	NA
SP	Texas Teacher Retirement	$1,001 - $15,000		NA	NA
DC	Security State Bank, Cheyenne, OK	$1,001 - $15,000		NA	NA
	Delhi Gas Pipeline		Right of Way Easement	$5,001 - $15,000	NA
	Transok Inc		Right of Way Easement	$5,001 - $15,000	NA
	Amoco Poduction Co		Surface Damages	$15,001 - $50,000	S

Name Frank D Lucas	**Page** 4 **of** 4

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse or the child, parent or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
JT	Security State Bank Cheyenne,OK	Mortgage on Roger Mills Farm	$15,001 - $50,000
JT	Security State Bank Cheyenne, OK	Operating Loan on Farm	$10,001 - $15,000
JT	John Deere Credit	Farm Tractor Loan	$10,001 - $15,000

(6)

97 MAY 15 PM 8:54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

William P Luther
(Full Name)

6375 St Croix Trail N , #147
Stillwater MN 55082
(Mailing Address)

Daytime Telephone: 612-730-4949

Filer Status ☒ Member of the U S House of Representatives State MN District 06 ☐ Officer or Employee Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C app. 4, 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL William P Luther

DATE (Month/Day/Year) May 15, 1997

Name William P. Luther	**Page** ___ **of** __	

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	William P Luther, Attorney at Law, 6375 St Croix Trail N., Stillwater, MN 55082	Legal Fees for Services Rendered Prior to 1/1/95	Gross $1479
			Net $1041
	State of Minnesota, House of Representatives, State Capitol, St Paul, MN 55155 (Including related positions)	Spouse Salary	Not applicable

For payments to charity in lieu of honoraria, use Schedule II.

Name William P. Luther | **Page** ____ **of** ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1 000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address Provide full names of any mutual funds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Former Law Practice (sole proprietorship in Schedule I)	$15,001 - $50,000	See Schedule I		
	1/2 interest in 7 acres, unimproved real estate, NW corner of Hwy 210 & old 210, Fergus Falls, MN	$100,001 - $250,000		None - $200	
	Checking accounts, First Bank, 90 S 6th St , Mpls , MN 55480	$1,001 - $15,000	Interest	None - $200	
SP	Checking account, Marquette Bank Brooklyn Park, 7575 Brooklyn Blvd , Brooklyn Park, MN 55443	$1,001 - $15,000	Interest	None - $200	
DC	Savings account, First Bank, 90 S 6th St , Mpls , MN 55480	None - $1,000	Interest	None - $200	
DC	Savings account, Marquette Bank Brooklyn Park, 7575 Brooklyn Blvd , Brooklyn Park, MN 55443	$1,001 - $15,000	Interest	None - $200	

Name William P Luther | **Page** ____ **of** ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Law firm profit sharing and pension trust, Richard L. Luther, Trustee, 601 Lakeshore Pkwy , Suite 750, Minnetonka, MN 55305	$500,001 - $1,000,000	Not applicable	NA	
JT	MN State Legislator's Defined Benefit Retirement Plans, 175 West Lafayette Frontage Rd S , St Paul, MN 55107	$100,001 - $250,000	Not applicable	NA	
JT	MN State Deferred Compensation Plans, Minnesota Mutual General Accounts, 400 Robert St. N., St. Paul, MN 55101	$100,001 - $250,000	Interest	$5,001 - $15,000	
	Dean Witter Liquid Asset Funds mutual funds, 333 S 7th St , Suite 1300, Mpls , MN 55402	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Dean Witter Liquid Asset Funds money market (previously Great Hall Money Market mutual fund), 333 S 7th St , Suite 1300, Mpls , MN 55402	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Federal Home Loan Bank bond (purchased from proceeds of Tokai Bank of California, Los Angeles, CD) c/o Dean Witter, 333 S 7th St , Suite 1300, Mpls , MN 55402	$15,001 - $50,000	Interest	$201 - $1,000	
SP	Putnam Funds mutual funds, 265 Franklin St , Boston, MA 02110 c/o Dean Witter, 333 S 7th St , Suite 1300, Mpls , MN 55402	$15,001 - $50,000	Dividends, Capital Gains	$2,501 - $5,000	
SP	Voyageur Minnesota–Insured Funds mutual funds, 90 S 7th St , Suite 4400, Mpls , MN 55402, c/o Dean Witter, 333 S 7th St , Suite 1300, Mpls , MN 55402	$15,001 - $50,000	Dividends	$1,001 - $2,500	
SP	IRA, Dean Witter Liquid Asset Funds money market, Fannie Mae bond, Dean Witter Pacific Growth Fund mutual fund (previously Great Hall Prime Money Market), 333 S 7th St , Suite 1300, Mpls , MN 55402	$1,001 - $15,000	Dividends, Interest	$201 - $1,000	
DC	Trusts dated 2/1/78 and 12/21/82, Zurich Kemper Total Return Fund and Money Market Funds, c/o FSC Securities Corp , 2300 Windy Ridge Pkwy , No 1100, Marietta, Georgia 30067	$15,001 - $50,000	Dividends, Capital Gains	$5,001 - $15,000	
SP	Pension, Northwest Airlines, Inc , 5101 Northwest Dr , St Paul, MN 55111-3034	$1,001 - $15,000	Not applicable	NA	

Name William P. Luther

Page ____ **of** ____

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Great Hall Money Market mutual fund	Sold	2/5/96	$1,001 - $15,000
SP	Dean Witter Liquid Asset Funds mutual fund	Purchase	2/7/96	$1,001 - $15,000
SP	Tokai Bank of California, Los Angeles, CD	Sold	2/28/96	$15,001 - $50,000
SP	Federal Home Loan Bank bond	Purchase	4/19/96	$15,001 - $50,000
SP	IRA, Dain Bosworth Great Hall Prime Money Market	Sold	3/6/96	$1,001 - $15,000
SP	IRA, Dean Witter Liquid Asset Funds money market	Purchase	3/7/96	$1,001 - $15,000
SP	IRA, Fannie Mae bond (purchased from Liquid Asset Funds money market)	Purchase	4/19/96	$1,001 - $15,000

Name William P. Luther | **Page** __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
JT	Gene Volk, Buffalo, MN (paid off in full during calendar year 1996)	Home, materials/installation, repair	$10,001 - $15,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 JUN 12 AM 9:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (10)
(Office Use Only)

CAROLYN MCCARTHY
(Full Name)

493 NANCY ROAD, MINEOLA, NY 11501
(Mailing Address)

(516) 873-9087
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives — State NY District 4TH ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 *penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: X Carolyn McCarthy

DATE (Month/Day/Year): 6-12-97

Name CAROLYN MCCARTHY

Page 1 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	ST. JOSEPH'S COLLEGE	HONORARIUM	250
	CATHOLIC DAUGHTERS OF AMERICA	HONORARIUM	50
	ST. RAPHAEL'S ROSARY ALTAR SOCIETY	HONORARIUM	100

For payments to charity in lieu of honoraria, use Schedule II.

L

Name CAROLYN MCCARTHY

Page 2 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	NONE			

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Name CAROLYN MCCARTHY

Page 3 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT			BLOCK A	BLOCK B A	B	C	D	E	F	G	H	I	J	K	BLOCK C						BLOCK D I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E
				None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
	Examples	SP	Mega Corp Stock				X								X							X									P
			123 Main St., Dover, Del							X						X											X				
			1st Bank of Paducah, KY accounts					X									X							X							
			AT&T CORP DEBENTURES				X										X				X										P
			PACIFIC BELL DEBENTURES			X											X					X									P
			SOUTHWESTERN BELL DEBENTURES				X										X				X										P
			TENNESSEE VALLEY AUTH BOND				X										X				X										P
			U.S. TREASURY NOTES							X							X									X					
			BRISTOL MYERS SQUIBB STOCK		X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CAROLYN MCCARTHY

Page 8 of 9

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	CHEVRON CORP STOCK		X										X							X									
	PRUDENTIAL COMMAND MONEY FUND						X						X										X						
	DOW CHEMICAL CO STOCK		X										X							X									
	EUROPE FUND INC.		X										X							X									
	FORD MOTOR CO STOCK		X										X							X									
	LATIN AMERICA EQUITY FUND		X										X						X										
	MORGAN STANLEY ASIAN GROWTH FUND		X										X						X										
	U.S. TREASURY NOTES & BILLS	X													X								X						S
	PAINE WEBBER MONEY MARKET PORT	X											X								X								S
	COCA COLA CO STOCK		X										X						X										
	GENERAL ELECTRIC CO STOCK		X										X						X										
	MOTOROLA INC STOCK		X										X						X										
	PROCTOR & GAMBLE CO STOCK		X										X						X										
	PRUDENTIAL MONEY MARKET ASSETS		X										X						X										
	COMPUTER ASSOC INTL INC. STOCK		X										X						X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CAROLYN MCCARTHY

Page 5 of 9

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15 000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5 000,000	Over $5,000,000	
	PRUDENTIAL CASH BALANCE						X								X				X										

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Name CAROLYN MCCARTHY

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
						B	C	D	E	F	G	H	I	J	K
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	$1,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
SP	*Example* Mega Corporation Common Stock	x			10–12–96		x								
	U.S. TREASURY NOTES & BILLS		X		07/01/96					X					
	AT&T CORP DEBENTURES	X			07/09/96			X							
	PACIFIC BELL DEBENTURES	X			07/05/96		X								
	SOUTHWESTERN BELL DEBENTURES	X			08/27/96			X							
	TENNESSEE VALLEY AUTHORITY BOND	X			07/05/96			X							
	COMPUTER ASSOCIATES STOCK	X			10/28/96	X									
	RIGHTS TO LIFE STORY SOLD TO		X		12/15/96					X					
	COLUMBIA TRISTAR TELEVISION, INC.														

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Name CAROLYN MCCARTHY | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name CAROLYN MCCARTHY

Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
N/A							

Name CAROLYN MCCARTHY	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	NEW YORKERS AGAINST GUN VIOLENCE
TRUSTEE	THE KEVIN MCCARTHY FUND
BOARD MEMBER	GUNS FOR GOODS

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY -7 AM 9:52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)
3

Karen McCarthy
(Full Name)

1232 Longworth House Office Building
(Mailing Address)

202-225-4535
(Daytime Telephone)

Washington, D.C. 20515

Filer Status ☒ Member of the U S House of Representatives State ______ District ______ ☐ Officer or Employee Employing Office ______

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date ______

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S C app 4, §104 and 18 U S C §1001).

SIGNATURE OF REPORTING INDIVIDUAL Karen McCarthy

DATE (Month/Day/Year) May 6, 1997

Name Karen McCarthy

Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
Examples:	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Fund/Money Market (Vista), St. Louis				X								X									X							
	IRA/ Waddell & Reed, Kansas City, MO		X										-NA-						-NA-										
	Paine Webber/Money Market, Kansas City			X											X						X								
	State of MO Retirement System Jefferson City, MO		X										-NA-						-NA-										
	State of MO Preferred Compensation Plan, Jefferson City, MO		X										-NA-						-NA-										

For additional assets and unearned income, use next page.

Name Karen McCarthy	**Page** 3 of 3

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	May 24-28	Balt/Wash-Bermuda-Kansas City	Y	Y	N	N
	Aspen Institute	Aug. 18-24	Kansas City - St. Petersburg, Russia - Kansas City	Y	Y	N	N
	Aspen Institute	Nov. 11-17	Kansas City - Lisbon, Portugal - Wash.	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Bill McCollum a/k/a Ira William McCollum, Jr.
(Full Name)

600 Thistlewood Court
Longwood FL 32779
(Mailing Address)

Daytime Telephone: (202)225-2176

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U.S. House of Representatives	State: FL District: 08	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C app. 4, 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Bill McCollum

DATE (Month/Day/Year) May 12, 1997

Name Bill McCollum a/k/a Ira William McCollum, Jr. | **Page** 2 **of** 9

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.

A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
The Washington Financial Forum Ltd.		Speaking engagement	Mar. 7, 1996	$ 1,000

Name Bill McCollum a/k/a Ira William McCollum, Jr. | **Page** 3 **of** 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP, DC, JT	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
	Examples: Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	40 acres real property, Hernando County, Florida (60% interest)	$50,001 - $100,000 (good faith estimate)	No income	NA	
	Barnett Bank accounts	$1,001 - $15,000	Interest	$201 - $1,000	
	Congressional Federal Credit Union Account	$1,001 - $15,000	Dividends	None - $200	
	Eubanks, Hilyard, et al, P.A. Profit Sharing Plan - Sun Trust	$50,001 - $100,000	Dividends, Interest, Cap Gains	NA	
	IRA-Vanguard Fiduciary Trust - Computer Network Technology Stock	$1,001 - $15,000	No income	NA	
	IRA-Vanguard Fiduciary Trust - Diamond Multimedia Systems	$1,001 - $15,000	No income	NA	P
DC	SunTrust Stock	$15,001 - $50,000	Dividends	$201 - $1,000	

Name Bill McCollum a/k/a Ira William McCollum, Jr. | **Page** 4 **of** 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Genus, Inc.	$1,001 - $15,000	No Income	NA	P
	Plasma and Materials Technologies, Inc.	$1,001 - $15,000	No Income	NA	P
	Procyte Corporation	$1,001 - $15,000	No Income	NA	P
	Vical Inc.	$1,001 - $15,000	No Income	NA	P
	Amylin Pharmaceuticals	$1,001 - $15,000	No Income	NA	P
	Insite Vision Inc.	$1,001 - $15,000	No Income	NA	P
	Integrated Device Technologies	$1,001 - $15,000	No Income	NA	P
	Mattson Technology Inc.	$1,001 - $15,000	No Income	NA	P
	Netframe Systems	None - $1,000	Capital Gains	$201 - $1,000	S
	Integrated Device Feb 12 1/2 Call Options	None - $1,000	Capital Gains	$1,001 - $2,500	S
	Cypress Semiconductor May 12 1/2 Call Options	None - $1,000	Capital Gains	$1,001 - $2,500	S
	Diamond Multimedia Oct 10 Call Options	None - $1,000	Capital Gains	$2,501 - $5,000	S
	Vical Aug 12 1/2 Call Options	None - $1,000	Capital Gains	$201 - $1,000	S
	Cirrus Logic Oct 15 Call Options	None - $1,000	Capital Gains	$1,001 - $2,500	S
	Applied Magnetics Corporation - recovery from securities litigation settlement fund	None - $1,000	Capital Gains	$201 - $1,000	NA

Name Bill McCollum a/k/a Ira William McCollum, Jr. | **Page** 5 **of** 9

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	OEX Jan 565 Put Options	Sold	1/2/96	$1,001 - $15,000
	OEX Jan 565 Put Options	Purchase	1/5/96	$1,001 - $15,000
	Integrated Device Feb 12 1/2 Call Options	Purchase	1/18/96	$1,001 - $15,000
	Integrated Device Feb 12 1/2 Call Options	Sold	2/2/96	$1,001 - $15,000
	Quantum Corporation Stock	Sold	2/16/96	$1,001 - $15,000
	Netframe Systems Stock	Purchase	1/2/96	$1,001 - $15,000
	Netframe Systems Stock	Sold	6/11/96	$1,001 - $15,000
	Integrated Device Feb 12 1/2 Put Options	Purchase	2/13/96	$1,001 - $15,000
	Cypress Semiconductor May 12 1/2 Call Options	Sold	5/15/96	$1,001 - $15,000
	Diamond Multi Media Oct 10 Call Options	Purchase	6/28/96	$1,001 - $15,000
	Diamond Multi Media Oct 10 Call Options	Sold	10/14/96	$1,001 - $15,000
	Vical Aug 12 1/2 Call Options	Sold	8/15/96	$1,001 - $15,000
	Cirrus Logic Oct 15 Call Options	Purchase	9/16/96	$1,001 - $15,000
	Cirrus Logic Oct 15 Call Options	Sold	9/25/96	$1,001 - $15,000
	Genus Inc Stock	Purchase	10/16/96	$1,001 - $15,000
	Procyte Stock	Purchase	1/4/96	$1,001 - $15,000
	Plasma and Materials Technologies Inc Stock	Purchase	1/4/96	$1,001 - $15,000
	Vical Inc Stock	Purchase	3/12/96	$1,001 - $15,000
	Insite Vision Inc. Stock	Purchase	7/15/96	$1,001 - $15,000
	Mattson Technology Inc Stock	Purchase	3/12/96	$1,001 - $15,000
	Amylin Pharmaceuticals Stock	Purchase	1/2/96	$1,001 - $15,000
	Integrated Device Technology Stock	Purchase	1/16/96	$1,001 - $15,000

Name Bill McCollum a/k/a Ira William McCollum, Jr. **Page** 6 **of** 9

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Diamond Multimedia Systems Stock	Purchase	4/1/96	$1,001 - $15,000
	Genus Jan 7 1/2 Call Options	Purchase	9/30/96	$1,001 - $15,000

Name Bill McCollum a/k/a Ira William McCollum, Jr. **Page** 7 **of** 9

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time *not* at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Darden Restaurants	4/19-21/96	Orlando, FL - Santa Fe, NM - Orlando, FL (Air travel provided by Darden.)	N	Y	Y	No
	Malcolm M. Knapp, Incorporated	4/19-21/96	Lodging in Santa Fe - 2 nights	Y	Y	Y	No
	Seminars, Inc.	12/15/96	Orlando, FL - Philadelphia, PA - Orlando, FL	N	N	N	No

Name Bill McCollum a/k/a Ira William McCollum, Jr. | **Page** 8 **of** 9

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President	Bill McCollum Intern Program, Inc. (non profit for high school students
President	Committee on Limiting Terms, Inc. (non profit educational)
President	Committee on Limiting Terms Lobby, Inc. (non profit educational)

Name Bill McCollum a/k/a Ira William McCollum, Jr. **Page** 9 **of** 9

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement
1-3-81	Eubanks, Hilyard, et al, P.A.	There is no written or formal agreement, but my former law firm and its successor (named in "Parties To") have allowed me to keep the principal accumulated before my employment terminated in the firm's profit sharing plan and to share proportionately in
	Eubanks, Hilyard, et al, P.A. (continued)	the earnings of the plan.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

James Otis McCrery, III
(Full Name)

2104 Rayburn House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone: 202 225 2777

Filer Status	☒ Member of the U.S. House of Representatives	State: LA District 04	☐ Officer or Employee — Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/18/97

Name James Otis McCrery, III

Page 5 of 6

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Forum News Magazine	Spouse Salary	N/A
	Bossier Press Tribune	Spouse Salary	N/A
	Sabine Index	Spouse Salary	N/A
	Tri-County Publications	Spouse Salary	N/A
	American Baby Magazine	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name James Otis McCrery, III | **Page** 3 **of** 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

		BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
		Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP,	*Examples:*	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC,	SP	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT		1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
		IRA, Commercial National Bank, Shreveport, Louisiana	$15,001 - $50,000			
		Wright-Patman CFCU, Washington, DC	$1,001 - $15,000	Interest	$201 - $1,000	
		Land, Rapides Parish, Louisiana (A 1/6 undivided interest in approximately 62 acres)	None - $1,000		NA	
		Land, Vernon Parish, Louisiana (An undivided 1/2 interest in approximaely 36 acres including residence and 12 unit apartment complex)	$100,001 - $250,000	Capital Gains	$2,501 - $5,000	
		Land, DeSoto Parish, Louisiana (An undivided interest in approximately 160 acres).	$1,001 - $15,000		NA	
		Money Market Account, Commercial National Bank, Shreveport, Louisiana	$1,001 - $15,000	Dividends	$201 - $1,000	P

Name James Otis McCrery, III | **Page** 4 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Fidelity Advisor Growth Opportunity Mutual Fund, Commercial National Bank, Shreveport, Louisiana	$1,001 - $15,000	Capital Gains	None - $200	P
Fidelity Advisor Equity Growth Mutual Fund, Commercial National Bank, Shreveport, Louisiana	$1,001 - $15,000	Capital Gains	None - $200	P
Templeton FDS Inc Mutual Fund, Commerical National Bank, Shreveport, Louisiana	$1,001 - $15,000	Capital Gains	None - $200	P
GAM FES Inc International Mutual Fund, Commercial National Bank, Shreveport, Louisiana	$1,001 - $15,000	Capital Gains	None - $200	P

Name James Otis McCrery, III

Page 5 **of** 6

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Timber, Vernon Parish, Louisiana	Sold	January 2, 1996	$1,001 - $15,000
	Money Market Account, Commercial National Bank, Shreveport, Louisiana	Purchase	January 2, 1996	$1,001 - $15,000
	Fidelity Advisor Growth Opportunity Mutual Fund, Commercial National Bank, Shreveport, Louisiana	Purchase	January 3, 1996	$1,001 - $15,000
	Fidelity Advisor Equity Growth Mutual Fund, Commerical National Bank, Shreveport, Louisiana	Purchase	January 3, 1996	$1,001 - $15,000
	Temptleton FDS Inc Mutual Fund, Commerical National Bank, Shreveport, Louisiana	Purchase	January 3, 1996	$1,001 - $15,000
	GAM FDS INC International Mutual Fund, Commercial National Bank, Shreveport, Louisiana	Purchase	January 3, 1996	$1,001 - $15,000

Name James Otis McCrery, III | **Page** 6 of 6

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time *not* at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Ripon Educational Fund	November 9-16, 1996	Shreveport, Louisiana-Rome, Italy-Shreveport, Louisiana	Y	Y	Y	No
	Bill Windham	December 23, 1996	Shreveport, Louisiana-Dallas, Texas-Shreveport, Louisiana	N	N	N	Yes-1 hour

PAGE 1 of 11 (V)

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Joseph Michael McDade (Full Name)

2107 Rayburn HOB (Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202-225-3731

Filer Status: ☒ Member of the U.S. House of Representatives — State: PA — District: 10th | ☐ Officer or Employee — Employing Office:

Report Type: ☒ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? LEGAL DEFENSE FUND REPORT **If yes, complete and attach ~~Schedule VI.~~**	Yes ☒	No ☐
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 13 May 97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Joseph Michael McDade

Page 2 of 14

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Congressional C.U. accounts		x												x					x									
SP	Congressional C.U. account		x												x				x										
	Paris Business Forms		x										x						x										
SP	Vanguard Windsor II Mutual(IRA) (transferred fr.Vangrd.Health)		x										x			x			na										
JT	307 Clark Ave.Clarks Summit PA (half-home,half-rented)					x								x									x						
JT	Vanguard PA Tax-free Money Market		x										x						x										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Michael McDade

Page 3 of 11

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	American Brands		x										x						x										
SP	Bristol-Myers Squibb		X										x						x										
SP	Chrysler Corp.		X										x						x										
SP	Coca Cola		x										x						x										
SP	General Motors		x										x						x										
SP	Paine Webber Global Income A		x										x						x										
SP	Strategic Global Income		X										X						x										
SP	WD-40		X										X						x										
SP	Lucent * See last entry on p.4		x										x						x										Spin-off
	Lindner Dividend Fund (IRA)			x									x			x			na										
JT	Vanguard Short-Term Corporate					x							x										x						
JT	Vanguard Spec.Health Mutual		x										x			x				x									P
	Fidelity Spartan Limited Maturity Govt Mut.Fund (IRA)			x											x				na										
	Fidelity Equity-Income II (IRA) Transferred from Asset Manager					x							x			x			na										
	Fidelity Growth & Income (IRA) (transferred from Balanced)					x							x			x			na										

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SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name Joseph Michael McDade

Page 4 of 11

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
SP, DC, JT	Asset and/or Income Source	Year-End Value of Asset											Type of Income						Amount of Income										Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
	I inherited the AT$T stock listed below from my mother's estate in 1995 & inadvertently omitted it from '95 Report. JMM	None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
JT	2 Westridge Road Cooperstown, NY						x							x									x						
	Land-AvocaPA 2-2-350 .80 acres Land-DuPontPA 15-1002 19 acres		x											x								x							
	Mortgage on Land, Luzerne Cnty (a) Billboard on Mortgaged Land (b)					(a)								(b)					(a)					(b)					
	RE: ABOVE LISTING. THERE IS NO INCOME FROM MORTGAGE. THE INCOME IS FROM BILLBOARD ON MORTGAGED LAND																												
sp	AT&T		x										x						x										
JT	Vanguard GNMA Portfolio	x											x			x				x									S
*	The Lucent shares were created when AT&T spun off its laboratory division. They were valued at over $1,000 by the end of '96, however when I acquired' them in Sept. of '96 they were not worth $1,000 and therefore are not reported under Transactions. Sarah McDade																												

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SCHEDULE IV — TRANSACTIONS

Name Joseph Michael McDade

Page 5 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	x			10–12–96		x								
JT	Vanguard Specialized Health Care Mut.	x			5-2-96	x									
JT	Vanguard GNMA Portfolio Mutual Fund		x		5-2-96	x									
	Lucent Common Stock	Spun off from AT&T			9/30/96										

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Name Joseph Michael McDade	**Page** 6 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	PNC Bank, Nat. Assoc.,Scranton,PA	Equity loan on 307 Clark Ave.,Clarks Summit,PA	x									

SCHEDULE VI — GIFTS See attached report from Jospeh M. McDade Legal Defense Fund

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Joseph Michael McDade	**Page** 7 **of** 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Kennedy Center ofor the Performing Arts (uncompensated)
"	Keystone Junior College, LaPlume, Pennsylvania (uncompensated)
"	Guthrie Healthcare Systems, Sayre, PA (uncompensated)
"	Fords' Theatre (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

JOSEPH M. MCDADE LEGAL DEFENSE FUND

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PNC BANK CHECKING ACCOUNT #531-00791-9

1996 DEPOSIT SCHEDULE

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT
12/28/95	ROLLS, ERNEST & JANE	RD#1, BOX 201	JERMYN, PA	18433	20.00
01/03/96	GORDON, EDWARD & DOROTHY	74 SNOOK ST	SCRANTON, PA	18505	35.00
12/31/95	CURTIN, CHARLES & JUDITH	BOX 372, RR1	DALTON, PA	18414	250 00
01/26/96	SHEPSTONE, TOM	164 ROOSEVELT HWY.	WAYMART, PA	18472	25 00
01/31/96	FITZPATRICK, H B JR & PATRICIA	290 LINDON LANE	MERION STATION, PA	19066	500 00
02/09/96	VANISKY, STEPHANIE	810 MAIN ST	SIMPSON, PA	18407	100.00
02/11/96	BARNETTE, CURTIS	1112 PROSPECT AVE	BETHLEHEM, PA	18018	100.00
01/31/96	ROAD SCHOLAR TRANSPORT	P.O. BOX 599	CLARKS SUMMIT, PA	18411	1000.00
03/11/96	ROBERTS, JOHN & LOIS	1221 KELLY DR	OLD FORGE, PA	18518	50 00
02/27/96	BURKE, AUSTIN & MARIANNE	263 LAUREL ST.	ARCHBALD, PA	18403	500 00
02/22/96	SWEENEY, JOHN & JEAN	P.O.BOX 431, THE HIDEOUT	LAKE ARIEL, PA	18436	500 00
02/22/96	SPECIALTY GROUP, INC	530 SHERWOOD AVE	DUNMORE, PA	18512	1000 00
03/25/96	BELLDEGRUN, ARIE, M.D , INC	10833 LE CONTE AVE.			
		UCLA MEDICAL CTR. ROOM 66-118	LOS ANGELES, CA	90024	5,000 00
04/16/96	POCAL INDUSTRIES, INC.	100 ELECTRIC ST	SCRANTON, PA	18509	5,000 00
04/20/96	HOUSER, GEORGE & LINDA	RD2, BOX 376	ROME, PA	18837	2000 00
04/19/96	DONOHUE, JAMES & ANN	531 FALLS RD.	GREAT FALLS, VA	22066	2500 00
04/22/96	MINIKES, STEPHAN	701 PENNSYLVANIA AVE.,N.W.	WASHINGTON, DC	20004	500 00
05/02/96	STEWART, VICKIE	2595 KILO WAY	LAGUNA BEACH, CA	92651	100 00
05/04/96	KIBERT, WILLIAM	214 E. DRINKER ST	DUNMORE, PA	18512	50 00
05/14/96	SCRANTON TANK PLANT EMPLOYEES		EYNON, PA	18403	1672 00
05/09/96	LAGOEY, THOMAS & ELEANORE	R D 4, BOX 42A	LAKE ARIEL, PA	18436	150 00
05/20/96	COCCODRILLI, CHUCK	RD5, BOX 5920	LAKE ARIEL, PA	18436	50 00
05/09/96	CONNAUGHT LABORATORIES, INC	P.O BOX 187	SWIFTWATER, PA	18370	5000 00
05/06/96	MAGLIOCCHETTI, NANCY	10203 WOODVALE POND DR	FAIRFAX STATION, VA	22039	5000 00
05/16/96	WYATT, WENDELL & FAYE	1600 PACWEST CENTER	PORTLAND, OR	97204	150 00
05/17/96	AVONDALE INDUSTRIES, INC	P O BOX 50280	NEW ORLEANS, LA	70150	500 00
06/04/96	GRAFF, ALAN & PATRICIA	520 OLD COLONY RD.	CLARKS SUMMIT, PA	18411	1000 00
06/14/96	FOLEY, TIMOTHY & SUSAN	103 MORNINGSIDE RD	CLARKS SUMMIT, PA	18411	500 00
06/17/96	VENESKY, SARAH & JOHN	10 INDIAN ROCKS	LAKE ARIEL, PA	18436	250 00
06/08/96	BRENNAN, EDWARD A	1677 TERRACE PLACE	WILLIAMSPORT, PA	17701	25 00
05/14/96	LABORERS' POLITICAL LEAGUE EDUCATION FUND	905 16TH ST ,N W	WASHINGTON,D C.	20006	5000 00

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531-00791-9

1996 DEPOSIT SCHEDULE

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT
06/19/96	PUTMAN, JOHN B & MRS	1318 W GIBSON ST	SCRANTON, PA	18504	200 00
07/08/96	DWYER, EDWARD AND ANN	RR1, BOX 44	SECOR, IL	61771	3000 00
07/17/96	CHAMBERLAIN MANUFACTURING CORP.	156 CEDAR AVE	SCRANTON, PA	18505	5000 00
07 25/96	LYNETT, EDWARD J., JR	26 OAKFORD GLEN	CLARKS SUMMIT, PA	18411	1000 00
07/25/96	LYNETT, GEORGE V	1750 N. WASHINGTON AVE.	SCRANTON, PA	18505	1000 00
07/25/96	LYNETT, WILLIAM R	376 OAKFORD RD	CLARKS SUMMIT, PA	18411	1000 00
07/15/96	SPORER, RICK & KATHLEEN	HC01, BOX 161	GREELEY, PA	18425	50 00
08/03/96	CUMMINGS, THOMAS & MARIE	1718 N WEBSTER AVE	SCRANTON, PA	18509	500 00
08/01/96	THOMSON CONSUMER ELECTRONICS	200 KEYSTONE INDUSTRIAL PARK	SCRANTON, PA	18512	5000 00
07/29/96	MEYER RALPH & CAROL	333 FULTON ST	S WAVERLY, PA	18840	1000 00
08/01/96	LALLY, ROBERTA & JOHN	R D 2, BOX 117	CARBONDALE, PA	18407	50 00
08/02/96	MANSFIELD, CLAY B	1711 HIDDEN LANE	LANCASTER, PA	17603	500 00
08/04/96	KINANE, JOHN J JR	224 PITTSTON AVE., APT. 2	SCRANTON, PA	18505	100 00
07/17/96	GREGORY, DOUGLAS M	3710 LOCKWOOD LANE	ANNANDALE, VA	22003	100 00
08/16/96	HATHAWAY, WILLIAM	6707 WEMBERLY WAY	McLEAN, VA	22101	500 00
09/12/96	RICE, DONALD & SUSAN	10126 EMPYREAN WAY #103	LOS ANGELES, CA	90067	300 00
09/16/96	RUTLEDGE, WILLIAM & GERTRUDE	237 TOYOPA DR.	PACIFIC PALISADES, CA	90272	500.00
09/27/96	NUNN, WALLACE H	1030 MASON AVE	DREXEL HILL, PA	19026	1000 00
09/12/96	CRIM, JACK & ROSE ANN	5914 E. DALE LANE	CAVE CREEK, AZ	85331	100.00
09/20/96	RYAN, EDWARD T JR	5724 E MOCKINGBIRD LANE	PARADISE VALLEY, AZ	85253	100 00
09/20/96	WEGENER, STEVEN & LINDA	8267 S. PECAN GROVE CIR	TEMPE, AZ	85284	50.00
09/20/96	THOMAS, RONALD A	3429 E FAIRFIELD	MESA, AZ	85213	50 00
09/22/96	MIRZA, HASSAN & SANDRA	4162 E GLENCOVE CIR	MESA, AZ	85205	50 00
10/02/96	POOLE, ANKE				100.00
09/25/96	METRO MACHINE CORP	IMPERIAL DOCKS-P O BOX 1860	NORFOLK, VA	23501	5000 00
10/07/96	GENTEX CORP	MAIN STREET	CARBONDALE, PA	18407	5000 00
09/22/96	PREGERSON, HARRY & BERNARDINE	5751 ROLLING ROAD	WOODLAND HILLS, CA	91367	100 00
10/15/96	MALONE, NANCY	8710 OLD DOMINION DRIVE	McLEAN, VA	22102	100.00
10/10/96	NAVCOM DEFENSE ELECTRONICS, INC	4323 ARDEN DR.	EL MONTE, CA	91731	5000.00
11/04/96	MADSEN, MARCIA	3229 ABERFOYLE PL., N.W.	WASHINGTON, D C.	20015	500 00
12/17/96	ENVIROCARE OF UTAH, INC	46 WEST BROADWAY, SUITE 240	SALT LAKE CITY, UT	84101	1000 00
12/17/96	CH2M HILL	1250 H STREET NW, SUITE 575	WASHINGTON, DC	20005	1000 00

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JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531-00791-9

1996 DEPOSIT SCHEDULE

CHECK DATE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT
12/19/96	ROBISON INTERNATIONAL, INC.	ONE MASSACHUSETTS AVE NW, STE 880	WASHINGTON, DC	20037	1000.00

JOSEPH M. MCDADE LEGAL DEFENSE FUND

Page 11 of 11

1996 CONTRIBUTIONS IN-KIND

DONOR	STREET ADDRESS	CITY, STATE	ZIP CODE	IN-KIND CONT'R VALUE	DESCRIPTION
COGNETTI, SAL JR., ESQUIRE	507 LINDEN ST – STE. 700	SCRANTON, PA	18503	$5,000.00	LEGAL SERVICES
ROBERT T KELLY & CO, LLP	507 LINDEN ST – STE. 500	SCRANTON, PA	18503	$3,500.00	ACCOUNTING SERVICES

196

Sarah Scripture McDade
3306 Dauphine Drive
Falls Church, Virginia 22042

Mc

May 9, 1997

97 MAY 15 PM 3:11
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

①

Committee on Official Standards
House of Representatives
Washington, D.C. 20515

Dear Sirs,

While preparing the 1996 Financial Disclosure Report I realized that I had neglected to include my shares of stock in AT&T in the 1995 Report. They should have been part of the list of stocks that I reported as an inheritance from my mother in 1995.

I realized I had made the omission when I tried to figure out how to report my 1996 acquisition of Lucent shares, which came my way when AT&T "spun-off" some assets.

Perhaps this letter can serve as an amendment to the 1995 Report. If either my husband or I need to do anything further, please let me know.

Yours truly,

Sarah McDade

Sarah S. McDade
703-280-1025

This letter is accompanying the 1996 Financial Disclosure Report for Joseph Michael McDade, M.C.

JOSEPH M. McDADE
DISTRICT, PENNSYLVANIA

COMMITTEE
APPROPRIATIONS

SUBCOMMITTEES
DEFENSE
INTERIOR

WASHINGTON OFFICE
☐ 2107 RAYBURN OFFICE BUILDING
WASHINGTON, DC 20515
AREA CODE (202) 225-3731
FAX (202) 225-9594

Congress of the United States
House of Representatives
Washington, DC 20515

DISTRICT OFFICES:

☐ SCRANTON LIFE BUILDING
538 SPRUCE STREET
SUITE 514
SCRANTON, PA 18503
(717) 346-3834
FAX (717) 346-8577

☐ HERMAN SCHNEEBELI FEDERAL BUILDING
240 W. THIRD STREET
SUITE 230
WILLIAMSPORT, PA 17701
(717) 327-8161
FAX (717) 327-9359

May 15, 1997

HAND DELIVERED

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✓
MC

Robin H. Carle, Clerk
U.S. House of Representatives
Legislative Resource Center
B106 Cannon Building
Washington, D.C. 20515

Dear Ms. Carle:

In filing my 1996 Financial Disclosure Statement earlier today, I inadvertedly omitted one in-kind contribution to the Joseph M. McDade Legal Defense Fund.

Page 11 of the Statement should have included a line stating a $5,000 contribution in-kind from Robert Blakey, Notre Dame Law School, Notre Dame, Indiana 46556 for legal services. I have enclosed a corrected copy of Page 11.

Thank you for your cooperation in correcting this omission. I trust that this letter and attachment will serve as a sufficient amendment to my Statement. Please let me know if I need to take further action.

Sincerely,

Joseph M. McDade
Member of Congress

JMM:je
Attachment

JOSEPH M. MCDADE LEGAL DEFENSE FUND

Page 11 of 11

1996 CONTRIBUTIONS IN-KIND

DONOR	STREET ADDRESS	CITY, STATE	ZIP CODE	IN-KIND CONT'R VALUE	DESCRIPTION
COGNETTI, SAL JR., ESQUIRE	507 LINDEN ST - STE. 700	SCRANTON, PA	18503	$5,000 00	LEGAL SERVICES
ROBERT T KELLY & CO, LLP	507 LINDEN ST - STE. 500	SCRANTON, PA	18503	$3,500 00	ACCOUNTING SERVICES
Robert Blakey	Notre Dame University	Notre Dame, IN	46556	$5,000.00	Legal Services

97 MAY 16 AM 10:44

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

JOSEPH M. McDADE
10TH DISTRICT, PENNSYLVANIA

COMMITTEE
APPROPRIATIONS

SUBCOMMITTEES
DEFENSE
INTERIOR

WASHINGTON OFFICE
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240 W. THIRD STREET
SUITE 230
WILLIAMSPORT, PA 17701
(717) 327-8161
FAX (717) 327-9359

97 MAY 22 PM 5:29

HAND DELIVERED

May 22, 1997

①

✓

MC

Robin H. Carle, Clerk
U.S. House of Representatives
Legislative Resource Center
B106 Cannon Building
Washington, D.C. 20515

Dear Ms. Carle:

This is an amendment to Schedule III of my 1996 Financial Disclosure Statement.

I inadvertedly neglected to list that I still own jointly with my wife the Vanguard Wellesley income mutual fund with a year-end value in category F with dividend and capital gains income in the amount of category VI.

Sincerely,

Joseph M. McDade
Member of Congress

JMM:je

UNITED STATES HOUSE OF REPRESENTATIVES **FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996**	**Form A** For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 12: 12
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

James A. McDermott
(Full Name)

1810 East Lynn Street
Seattle WA 98102
(Mailing Address)

Daytime Telephone: 206/553/7170

Filer Status ☒ Member of the U.S. House of Representatives — State: WA District: 07 ☐ Officer or Employee — Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL James A McDermott

DATE (Month/Day/Year) 14 May 97

Name James A McDermott | Page 2 of 6

;CHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	dentify (a) each asset held for investment or ›roduction of income with a fair market value :xceeding $1,000 at the end of the reporting year, ınd (b) any other asset or source of income which ȷenerated more than $200 in "unearned" income luring the year For rental property or land, provide ın address Provide full names of any mutual unds For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the ıccount **:xclude:** Your personal residence(s) (unless there is ental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs .f you so choose, you may indicate that an asset or ncome source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left or further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, *Examples* SP JT	Mega Corp Stock 123 Main St , Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	State of Washington Deferred Compensation Program	$50,001 - $100,000	Interest (deferred)	$201 - $1,000	
	State of Washington Retirement Account	$15,001 - $50,000	Interest (deferred)	$1,001 - $2,500	
	TIAA/CREF Annuity	$15,001 - $50,000	Interest (deferred)	$201 - $1,000	
	Fidelity Bankers Life Annuity	$1,001 - $15,000	Interest (deferred)	$201 - $1,000	NA
	Keyport Life Annuity	$50,001 - $100,000	Interest (deferred)	$1,001 - $2,500	NA
	Carlyle Real Estate Limited Partnership XII	$1,001 - $15,000	Dividends	None - $200	
	Carlyle Real Estate Limited Partnership XIII	$1,001 - $15,000	Dividends	None - $200	
	Hutton PRC Tech Partners I	None - $1,000	Interest	None - $200	S

Name James A. McDermott | **Page** 3 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

ALL OTHER REPORTABLE ASSETS ARE NOTED ON THE ATTACHED PORTFOLIO REVIEW				

Name James A. McDermott	**Page** 4 of 6

CHEDULE IV -- TRANSACTIONS

eport any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities
hen the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the
rchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

P,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	SECURITIES TRANSACTIONS ARE NOTED ON PAGES 4,5 OF THE ATTACHED PORTFOLIO REVIEW			$1,001 - $15,000

Name James A. McDermott | **Page** 5 **of** 6

CHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

dentify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by ou, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount f time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

xclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the oreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent f his or her relationship to you. For further information, see instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
xamples	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	Columbia University Law School,	2/21-23/96	Seattle-New York City-Seattle	N	Y	N	N
	The Human Rights Project, Inc.	3/31-4/14/96	Wash.DC-India-Crete-Wash,DC	Y	Y	N	5 days
	JS-Japan Economic Agenda, Elliott School of International Affairs, George Wash University	11/12-17/96	Seattle-Tokyo-Wash,DC	Y	Y	N	N
	Trade Development Alliance of Greater Seattle	12/1/96- 1/4/97	Seattle-India-Italy-Wash,DC	Y	Y	N	22 days

Name James A. McDermott

Page 6 of 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Member, Board of Sponsors	Physicians for Social Responsibility
Member, Advisory Committee	Home Instruction Program for Preschool Youngsters (HIPPY)
Member, Advisory Council	Greater Seattle Vietnam Association
Member (ex officio), Board of Directors	Washington State China Relations Council
Member, Board of Directors	The Institute for Washington's Future
Co-Chair, Task Force Steering Group, U.S.-Chongqing Task Force on Energy and Environmental Technology Cooperation	National Bureau of Asian Research
Co-Chair, Advisory Committee	Centurions, Seattle Vocational Institute

Marshfield Associates
Portfolio Summary
James A Mc Dermott - Combined
December 31, 1996

Security Type	Cost Value	Market Value	Pct Assets	Cur Yield	Est.Annual Income
Cash Equivalents					
Cash And Equivalents	36,806.24	36,806.24	17.2	4.4	1,637.88
Fixed Income					
Corporate Bonds	21,206.25	21,549.24	10.1	10.8	2,325.00
Accrued Interest		439.17	0.2		
	21,206.25	21,988.41	10.3	10.8	2,325.00
Equities					
Common Stock	103,381.98	138,492.50	64.8	1.4	1,882.30
Mutual Funds					
Equity Mutual Funds					
Equity Funds	17,559.90	16,400.08	7.7	1.0	169.75
Total Portfolio	178,954.37	213,687.22	100.0	2.8	6,014.93

Marshfield Associates
Portfolio Appraisal
James A Mc Dermott - Combined
December 31, 1996

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Cur Yield
Cash And Equivalents							
	Reserve Fund (Primary)		36,806.24		36,806.24	17.2	4.4
			36,806.24		36,806.24	17.2	4.4
Corporate Bonds							
10,000	BF Saul Reit - 1st Callable 4/1/98 @ 105.7 11.625% Due 04-01-02	104.56	10,456.25	107.50	10,750.00	5.0	10.8
10,000	American Media Operations Inc Sr Sub Note 11.625% Due 11-15-04	107.50	10,750.00	107.99	10,799.24	5.1	10.8
	Accrued Interest				439.17	0.2	
			21,206.25		21,988.41	10.3	10.8
Equity Mutual Funds							
Equity Funds							
1,402.915	American Capital Pace Fund A	12.52	17,559.90	11.69	16,400.08	7.7	1.0
			17,559.90		16,400.08	7.7	1.0
	Equity Mutual Funds Total		17,559.90		16,400.08	7.7	1.0
Other Assets							
3	International Life Insurance Co of Buffalo	0.33	1.00	1.00	3.00	0.0	0.0
			1.00		3.00	0.0	0.0

Marshfield Associates
Portfolio Appraisal
James A Mc Dermott - Combined
December 31, 1996

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct Assets	Cur Yield
Common Stock							
150	American Express Company	44.68	6,702.65	56.50	8,475.00	4.0	1.6
130	Avon Products, Inc.	42.48	5,523.00	57.12	7,426.25	3.5	2.2
100	Disney (Walt) Company	64.81	6,481.00	69.75	6,975.00	3.3	0.8
400	Federal National Mortgage Assoc.	17.86	7,143.50	37.62	15,050.00	7.0	2.1
180	Fund American Enterprise Inc.	78.86	14,194.16	95.75	17,235.00	8.1	0.8
100	Gannett Inc.	54.18	5,418.50	74.87	7,487.50	3.5	1.9
250	Leucadia National Corporation	23.38	5,845.25	26.75	6,687.50	3.1	0.9
250	Morgan Stanley	30.09	7,523.13	57.12	14,281.25	6.7	1.4
200	Nabisco Holdings Corp Cl A	26.93	5,387.00	38.87	7,775.00	3.6	1.6
200	PepsiCo, Inc.	32.15	6,431.00	29.25	5,850.00	2.7	1.6
300	Salomon Inc.	39.50	11,849.25	47.12	14,137.50	6.6	1.4
50	Wells Fargo & Company	233.37	11,668.54	269.75	13,487.50	6.3	1.9
250	White River Corp	36.86	9,215.00	54.50	13,625.00	6.4	0.0
			103,381.98		138,492.50	64.8	1.4
Total			178,955.37		213,690.22	100.0	2.8
Unsupervised Assets							
1,631	The Kaufmann Fund Inc	1.64	2,675.73	5.82	9,490.73		0.0
260,000	Volcanic Gold	0.00	2.00	0.01	2,600.00		0.0
			2,677.73		12,090.73		0.0
Grand Total			181,633.10		225,780.95		2.7

Marshfield Associates
Purchase And Sale
James A Mc Dermott - Combined
From 01-01-96 To 12-31-96

Date	Quantity	Security	Unit Price	Amount
Purchases				
02-16-96	40,000	Columbia/HCA 5.310% Due 04-01-96	99.33	39,734.00
08-09-96	15,000	Conagra 5.450% Due 09-03-96	99.62	14,943.23
09-19-96	15,000	Conagra 5.450% Due 10-09-96	99.70	14,954.58
10-18-96	15,000	Hertz 5.230% Due 11-07-96	99.71	14,956.42
05-07-96	15,000	Nabisco, Inc 5.500% Due 05-21-96	99.79	14,967.90
09-04-96	15,000	Quaker Oats 5.490% Due 09-16-96	99.82	14,972.55
07-19-96	10,000	Tyson Foods, Inc. 5.400% Due 08-01-96	99.80	9,980.50
11-14-96	15,000	Tysons Food 5.350% Due 12-05-96	99.69	14,953.19
03-15-96	150	American Express Company	44.68	6,702.65
03-14-96	65	Avon Products, Inc.	84.97	5,523.00
03-01-96	100	Disney (Walt) Company	64.81	6,481.00
03 29-96	80	Fund American Enterprise Inc.	75.40	6,032.16
07-25-96	100	Fund American Enterprise Inc	81.62	8,162.00
10-02-96	250	Leucadia National Corporation	23.38	5,845.25
03-01-96	100	PepsiCo, Inc.	64.31	6,431.00
03-01-96	150	Salomon Inc.	39.18	5,877.75
03-15-96	25	Wells Fargo & Company	235.59	5,889.68
07-11-96	25	Wells Fargo & Company	231.15	5,778.86
02-22-96	150	White River Corp	37.06	5,559.00
				207,744.72

Marshfield Associates
Purchase And Sale
James A Mc Dermott - Combined
From 01-01-96 To 12-31-96

Date	Quantity	Security	Unit Price	Amount
Sales				
03-15-96	15,000	Columbia/HCA 5.310% Due 04-01-96	99.76	14,964.51
03-28-96	15,000	Columbia/HCA 5.310% Due 04-01-96	99.94	14,991.14
04-01-96	10,000	Columbia/HCA 5.310% Due 04-01-96	100.00	10,000.00
09-03-96	15,000	Conagra 5.450% Due 09-03-96	100.00	15,000.00
10-09-96	15,000	Conagra 5.450% Due 10-09-96	100.00	15,000.00
11-07-96	15,000	Hertz 5.230% Due 11-07-96	100.00	15,000.00
05-21-96	15,000	Nabisco, Inc. 5.500% Due 05-21-96	100.00	15,000.00
09-16-96	15,000	Quaker Oats 5.490% Due 09-16-96	100.00	15,000.00
08-01-96	10,000	Tyson Foods, Inc. 5.400% Due 08-01-96	100.00	10,000.00
12-05-96	15,000	Tysons Food 5.350% Due 12-05-96	100.00	15,000.00
04-09-96	250	P N C Financial Corporation	30.69	7,672.24
07-08-96	175	Reebok International	32.69	5,720.55
09-17-96	175	Reebok International	34.69	6,070.54
12-19-96	150	Toys "R" Us	0.00	0.37
12-19-96	150	Toys "R" Us	0.00	0.38
12-19-96	100	Toys "R" Us	0.00	0.25
				159,419.98

Marshfield Associates
Realized Gains And Losses
James A Mc Dermott
Acct# - 78545118
From 01-01-96 Through 12-31-96

						Gain Or Loss	
Open Date	Close Date	Quantity	Security	Cost Basis	Proceeds	Held Less Than 1 Year	Held More Than 1 Year
03-07-95	12-19-96	150	Toys "R" Us	4,227.75	0.37		-4,227.38
03-22-95	12-19-96	150	Toys "R" Us	3,730.20	0.38		-3,729.82
11-03-95	12-19-96	100	Toys "R" Us	2,193.50	0.25		-2,193.25
Total Gains						0.00	0.00
Total Losses						0.00	-10,150.45
Total Realized Gain/Loss		-10,150.45		10,151.45	1.00	0.00	-10,150.45

No Capital Gains Distributions

Marshfield Associates
Interest, Dividends, And Expenses
James A Mc Dermott - Combined
From 01-01-96 Through 12-31-96

Date	Security	Amount
Commercial Paper		
03-15-96	Columbia/HCA 5.310% Due 04-01-96	64.26
03-28-96	Columbia/HCA 5.310% Due 04-01-96	90.89
04-01-96	Columbia/HCA 5.310% Due 04-01-96	66.50
05-21-96	Nabisco, Inc. 5.500% Due 05-21-96	32.10
08-01-96	Tyson Foods, Inc. 5.400% Due 08-01-96	19.50
09-03-96	Conagra 5.450% Due 09-03-96	56.77
09-16-96	Quaker Oats 5.490% Due 09-16-96	27.45
10-09-96	Conagra 5.450% Due 10-09-96	45.42
11-07-96	Hertz 5.230% Due 11-07-96	43.58
12-05-96	Tysons Food 5.350% Due 12-05-96	46.81
		493.28
Corporate Bonds		
04-01-96	BF Saul Reit - 1st Callable 4/1/98 @ 105.7 11.625% Due 04-01-02	581.25
05-15-96	American Media Operations Inc Sr Sub Note 11.625% Due 11-15-04	581.25
10-01-96	BF Saul Reit - 1st Callable 4/1/98 @ 105.7 11.625% Due 04-01-02	581.25
11-15-96	American Media Operations Inc Sr Sub Note 11.625% Due 11-15-04	581.25
		2,325.00

Marshfield Associates
Interest, Dividends, And Expenses
James A Mc Dermott - Combined
From 01-01-96 Through 12-31-96

Date	Security	Amount
Common Stock		
01-01-96	Nabisco Holdings Corp Cl A	13.75
01-01-96	Nabisco Holdings Corp Cl A	13.75
01-02-96	Gannett Inc.	35.00
01-02-96	Salomon Inc.	24.00
01-03-96	Reebok International	26.25
01-24-96	Morgan Stanley	43.75
01-24-96	P N C Financial Corporation	87.50
02-26-96	Federal National Mortgage Assoc	76.00
03-29-96	PepsiCo, Inc.	20.00
04-01-96	Gannett Inc.	35.00
04-01-96	Nabisco Holdings Corp Cl A	13.75
04-01-96	Nabisco Holdings Corp Cl A	13.75
04-01-96	Salomon Inc.	24.00
04-01-96	Salomon Inc.	24.00
04-02-96	Reebok International	25.25
04-26-96	Morgan Stanley	43.75
05-10-96	American Express Company	33.75
05-17-96	Disney (Walt) Company	11.00
05-20-96	Wells Fargo & Company	32.50
05-25-96	Federal National Mortgage Assoc.	76.00
06-03-96	Avon Products, Inc.	37.70
06-19-96	Fund American Enterprise Inc.	16.00
07-01-96	Gannett Inc.	35.00
07-01-96	Nabisco Holdings Corp Cl A	15.50
07-01-96	Nabisco Holdings Corp Cl A	15.50
07-01-96	PepsiCo, Inc.	23.00
07-01-96	Salomon Inc.	24.00
07-01-96	Salomon Inc.	24.00
07-02-96	Reebok International	26.25
07-31-96	Morgan Stanley	43.75
08-09-96	American Express Company	33.75
08-16-96	Disney (Walt) Company	11.00
08-20-96	Wells Fargo & Company	65.00
08-25-96	Federal National Mortgage Assoc	76.00
09-03-96	Avon Products, Inc.	37.70
09-18-96	Fund American Enterprise Inc.	36.00
09-27-96	PepsiCo, Inc.	23.00
10-01-96	Gannett Inc.	36.00
10-01-96	Nabisco Holdings Corp Cl A	15.50
10-01-96	Nabisco Holdings Corp Cl A	15.50
10-01-96	Salomon Inc.	24.00
10-01-96	Salomon Inc.	24.00

Marshfield Associates
Interest, Dividends, And Expenses
James A Mc Dermott - Combined
From 01-01-96 Through 12-31-96

Date	Security	Amount
10-02-96	Reebok International	13.13
11-01-96	Morgan Stanley	43.75
11-08-96	American Express Company	33.75
11-20-96	Wells Fargo & Company	65.00
11-22-96	Disney (Walt) Company	11.00
11-25-96	Federal National Mortgage Assoc	76.00
12-02-96	Avon Products, Inc.	37.70
12-02-96	Avon Products, Inc.	37.70
		1,649.93
Expense Accounts		
02-05-96	Management Fee	252.11
02-05-96	Management Fee	201.14
02-05-96	Management Fee	24.35
05-10-96	Management Fee	266.22
05-10-96	Management Fee	203.92
05-10-96	Management Fee	33.34
08-15-96	Management Fee	278.29
08-15-96	Management Fee	213.11
08-15-96	Management Fee	38.59
11-15-96	Management Fee	285.76
11-15-96	Management Fee	227.96
11-15-96	Management Fee	40.87
		2,065.66
Net Income		4,155.23

Marshfield Associates
Interest, Dividends, And Expenses
James A Mc Dermott - Combined
From 01-01-96 Through 12-31-96

Date	Security	Amount
Cash And Equivalents		
01-26-96	Reserve Fund (Primary)	62.86
01-26-96	Reserve Fund (Primary)	238.19
01-26-96	Reserve Fund (Primary)	3.79
02-23-96	Reserve Fund (Primary)	59.77
02-23-96	Reserve Fund (Primary)	205.11
02-23-96	Reserve Fund (Primary)	4.84
03-15-96	Reserve Fund (Primary)	12.51
03-29-96	Reserve Fund (Primary)	61.09
03-29-96	Reserve Fund (Primary)	6.67
03-29-96	Reserve Fund (Primary)	10.17
04-26-96	Reserve Fund (Primary)	42.14
04-26-96	Reserve Fund (Primary)	95.92
04-26-96	Reserve Fund (Primary)	9.65
05-31-96	Reserve Fund (Primary)	53.67
05-31-96	Reserve Fund (Primary)	103.90
05-31-96	Reserve Fund (Primary)	13.77
06-28-96	Reserve Fund (Primary)	44.58
06-28-96	Reserve Fund (Primary)	104.91
06-28-96	Reserve Fund (Primary)	12.47
07-26-96	Reserve Fund (Primary)	47.65
07-26-96	Reserve Fund (Primary)	70.72
07-26-96	Reserve Fund (Primary)	13.80
08-30-96	Reserve Fund (Primary)	79.53
08-30-96	Reserve Fund (Primary)	28.03
08-30-96	Reserve Fund (Primary)	17.75
09-27-96	Reserve Fund (Primary)	72.04
09-27-96	Reserve Fund (Primary)	14.22
09-27-96	Reserve Fund (Primary)	16.30
10-25-96	Reserve Fund (Primary)	69.12
10-25-96	Reserve Fund (Primary)	23.85
10-25-96	Reserve Fund (Primary)	19.46
11-29-96	Reserve Fund (Primary)	85.57
11-29-96	Reserve Fund (Primary)	22.13
11-29-96	Reserve Fund (Primary)	26.50
		1,752.68

Marshfield Associates
Interest, Dividends, And Expenses
James A Mc Dermott
Acct# - 78545118
From 01-01-96 Through 12-31-96

Date	Security	Amount
Cash And Equivalents		
01-26-96	Reserve Fund (Primary)	3.79
02-23-96	Reserve Fund (Primary)	4.84
03-29-96	Reserve Fund (Primary)	10.17
04-26-96	Reserve Fund (Primary)	9.65
05-31-96	Reserve Fund (Primary)	13.77
06-28-96	Reserve Fund (Primary)	12.47
07-26-96	Reserve Fund (Primary)	13.80
08-30-96	Reserve Fund (Primary)	17.75
09-27-96	Reserve Fund (Primary)	16.30
10-25-96	Reserve Fund (Primary)	19.46
11-29-96	Reserve Fund (Primary)	26.50
		148.50
Expense Accounts		
02-05-96	Management Fee	24.35
05-10-96	Management Fee	33.34
08-15-96	Management Fee	38.59
11-15-96	Management Fee	40.87
		137.15
Net Income		11.35

Marshfield Associates
Transaction Summary
James A Mc Dermott - Combined
From 01-01-96 To 12-31-96

Tran Code	Date	Security	Dollar Amount	Source Or Dest.	Quantity	Broker Code	Commission	Lot
dv	01-01-96	Nabisco Holdings Corp Cl A	13.75	Resvx				
dv	01-01-96	Nabisco Holdings Corp Cl A	13.75	Resvx				
dv	01-02-96	Gannett Inc.	35.00	Resvx				
dv	01-02-96	Salomon Inc.	24.00	Resvx				
dv	01-03-96	Reebok International	26.25	Resvx				
dv	01-24-96	Morgan Stanley	43.75	Resvx				
dv	01-24-96	P N C Financial Corporation	87.50	Resvx				
in	01-26-96	Reserve Fund (Primary)	62.86	Resvx				
in	01-26-96	Reserve Fund (Primary)	238.19	Resvx				
by	01-26-96	The Kaufmann Fund Inc	163.53	client	32			15
in	01-26-96	Reserve Fund (Primary)	3.79	Resvx				
dp	02-01-96	Reserve Fund (Primary)	500.00	client				
dp	02-05-96	Management Fee	252.11	Resvx				
dp	02-05-96	Management Fee	201.14	Resvx				
dp	02-05-96	Management Fee	24.35	Resvx				
by	02-16-96	Columbia/HCA 5.310% Due 04-01-96	39,734.00	Resvx	40,000			1
by	02-22-96	White River Corp	5,559.00	Resvx	150	Herzog		2
in	02-23-96	Reserve Fund (Primary)	59.77	Resvx				
in	02-23-96	Reserve Fund (Primary)	205.11	Resvx				

Marshfield Associates
Transaction Summary
James A Mc Dermott - Combined
From 01-01-96 To 12-31-96

Tran Code	Date	Security	Dollar Amount	Source Or Dest.	Quantity	Broker Code	Commission	Lot
in	02-23-96	Reserve Fund (Primary)	4.84	Resvx				
dv	02-26-96	Federal National Mortgage Assoc.	76.00	Resvx				
dp	02-28-96	Reserve Fund (Primary)	1,000.00	client				
by	03-01-96	Disney (Walt) Company	6,481.00	Resvx	100	Dean		1
by	03-01-96	PepsiCo, Inc	6,431.00	Resvx	100	A		1
by	03-01-96	Salomon Inc.	5,877.75	Resvx	150	Smith		1
by	03-14-96	Avon Products, Inc.	5,523.00	Resvx	65	Smith		1
sl	03-15-96	Columbia/HCA 5.310% Due 04-01-96	14,964.51	Resvx	15,000			1
by	03-15-96	Wells Fargo & Company	5,889.68	Resvx	25			1
by	03-15-96	American Express Company	6,702.65	Resvx	150	Smith		1
in	03-15-96	Reserve Fund (Primary)	12.51	Resvx				
sl	03-28-96	Columbia/HCA 5.310% Due 04-01-96	14,991.14	Resvx	15,000			1
in	03-29-96	Reserve Fund (Primary)	61.09	Resvx				
dv	03-29-96	PepsiCo, Inc.	20.00	Resvx				
by	03-29-96	Fund American Enterprise Inc.	6,032.16	Resvx	80			1
in	03-29-96	Reserve Fund (Primary)	6.67	Resvx				
in	03-29-96	Reserve Fund (Primary)	10.17	Resvx				

Marshfield Associates
Transaction Summary
James A Mc Dermott - Combined
From 01-01-96 To 12-31-96

Tran Code	Date	Security	Dollar Amount	Source Or Dest.	Quantity	Broker Code	Commission	Lot
dv	04-01-96	Gannett Inc.	35.00	Resvx				
dv	04-01-96	Nabisco Holdings Corp Cl A	13.75	Resvx				
dv	04-01-96	Salomon Inc.	24.00	Resvx				
in	04-01-96	BF Saul Reit - 1st Callable 4/1/98 @ 105.7 11.625% Due 04-01-02	581.25	Resvx				
dv	04-01-96	Nabisco Holdings Corp Cl A	13.75	Resvx				
dv	04-01-96	Salomon Inc.	24.00	Resvx				
sl	04-01-96	Columbia/HCA 5.310% Due 04-01-96	10,000.00	Resvx	10,000		-	1
dv	04-02-96	Reebok International	26.25	Resvx				
sl	04-09-96	P N C Financial Corporation	7,672.24	Resvx	250	Bear		1
dp	04-09-96	Reserve Fund (Primary)	500.00	client				
dv	04-26-96	Morgan Stanley	43.75	Resvx				
in	04-26-96	Reserve Fund (Primary)	42.14	Resvx				
in	04-26-96	Reserve Fund (Primary)	95.92	Resvx				
in	04-26-96	Reserve Fund (Primary)	9.65	Resvx				
by	05-07-96	Nabisco, Inc. 5.500% Due 05-21-96	14,967.90	Resvx	15,000			1
dp	05-10-96	Management Fee	266.22	Resvx				
dv	05-10-96	American Express Company	33.75	Resvx				
dp	05-10-96	Management Fee	203.92	Resvx				

Marshfield Associates
Transaction Summary
James A Mc Dermott - Combined
From 01-01-96 To 12-31-96

Tran Code	Date	Security	Dollar Amount	Source Or Dest.	Quantity	Broker Code	Commission	Lot
dp	05-10-96	Management Fee	33.34	Resvx				
in	05-15-96	American Media Operations Inc Sr Sub Note 11.625% Due 11-15-04	581.25	Resvx				
dp	05-15-96	Reserve Fund (Primary)	500.00	client				
dv	05-17-96	Disney (Walt) Company	11.00	Resvx				
dv	05-20-96	Wells Fargo & Company	32.50	Resvx				
sl	05-21-96	Nabisco, Inc. 5.500% Due 05-21-96	15,000.00	Resvx	15,000		–	1
dv	05-25-96	Federal National Mortgage Assoc.	76.00	Resvx				
in	05-31-96	Reserve Fund (Primary)	53.67	Resvx				
in	05-31-96	Reserve Fund (Primary)	103.90	Resvx				
in	05-31-96	Reserve Fund (Primary)	13.77	Resvx				
dv	06-03-96	Avon Products, Inc.	37.70	Resvx				
dv	06-19-96	Fund American Enterprise Inc.	16.00	Resvx				
dp	06-20-96	Reserve Fund (Primary)	500.00	client				
in	06-28-96	Reserve Fund (Primary)	44.58	Resvx				
in	06-28-96	Reserve Fund (Primary)	104.91	Resvx				

Marshfield Associates
Transaction Summary
James A Mc Dermott - Combined
From 01-01-96 To 12-31-96

Tran Code	Date	Security	Dollar Amount	Source Or Dest.	Quantity	Broker Code	Commission	Lot
in	06-28-96	Reserve Fund (Primary)	12.47	Resvx				
dv	07-01-96	Gannett Inc.	35.00	Resvx				
dv	07-01-96	Nabisco Holdings Corp Cl A	15.50	Resvx				
dv	07-01-96	Salomon Inc.	24.00	Resvx				
dv	07-01-96	PepsiCo, Inc.	23.00	Resvx				
dv	07-01-96	Nabisco Holdings Corp Cl A	15.50	Resvx				
dv	07-01-96	Salomon Inc.	24.00	Resvx				
dv	07-02-96	Reebok International	26.25	Resvx				
sl	07-08-96	Reebok International	5,720.55	Resvx	175	Dean	-	1
by	07-11-96	Wells Fargo & Company	5,778.86	Resvx	25	Bear		2
by	07-19-96	Tyson Foods, Inc. 5.400% Due 08-01-96	9,980.50	Resvx	10,000			1
by	07-25-96	Fund American Enterprise Inc.	8,162.00	Resvx	100	Jefferi		2
in	07-26-96	Reserve Fund (Primary)	47.65	Resvx				
in	07-26-96	Reserve Fund (Primary)	70.72	Resvx				
in	07-26-96	Reserve Fund (Primary)	13.80	Resvx				
dv	07-31-96	Morgan Stanley	43.75	Resvx				
sl	08-01-96	Tyson Foods, Inc. 5.400% Due 08-01-96	10,000.00	Resvx	10,000			1
dv	08-09-96	American Express Company	33.75	Resvx				

Marshfield Associates
Transaction Summary
James A Mc Dermott - Combined
From 01-01-96 To 12-31-96

Tran Code	Date	Security	Dollar Amount	Source Or Dest	Quantity	Broker Code	Commission	Lot
by	08-09-96	Conagra 5.450% Due 09-03-96	14,943.23	Resvx	15,000			2
dp	08-15-96	Management Fee	278.29	Resvx				
dp	08-15-96	Management Fee	213.11	Resvx				
dp	08-15-96	Management Fee	38.59	Resvx				
dv	08-16-96	Disney (Walt) Company	11.00	Resvx				
dv	08-20-96	Wells Fargo & Company	65.00	Resvx				
dv	08-25-96	Federal National Mortgage Assoc.	76.00	Resvx				
in	08-30-96	Reserve Fund (Primary)	79.53	Resvx				
in	08-30-96	Reserve Fund (Primary)	28.03	Resvx				
in	08-30-96	Reserve Fund (Primary)	17.75	Resvx				
dv	09-03-96	Avon Products, Inc.	37.70	Resvx				
sl	09-03-96	Conagra 5.450% Due 09-03-96	15,000.00	Resvx	15,000			2
by	09-04-96	Quaker Oats 5.490% Due 09-16-96	14,972.55	Resvx	15,000			1
dp	09-06-96	Reserve Fund (Primary)	1,000.00	client				
sl	09-16-96	Quaker Oats 5.490% Due 09-16-96	15,000.00	Resvx	15,000			1
sl	09-17-96	Reebok International	6,070.54	Resvx	175	Smith		1
dv	09-18-96	Fund American Enterprise Inc.	36.00	Resvx				
by	09-19-96	Conagra 5.450% Due 10-09-96	14,954.58	Resvx	15,000			1

Marshfield Associates
Transaction Summary
James A Mc Dermott - Combined
From 01-01-96 To 12-31-96

Tran Code	Date	Security	Dollar Amount	Source Or Dest.	Quantity	Broker Code	Commission	Lot
dp	09-20-96	Reserve Fund (Primary)	500.00	client				
in	09-27-96	Reserve Fund (Primary)	72.04	Resvx				
dv	09-27-96	PepsiCo, Inc.	23.00	Resvx				
in	09-27-96	Reserve Fund (Primary)	14.22	Resvx				
in	09-27-96	Reserve Fund (Primary)	16.30	Resvx				
dv	10-01-96	Gannett Inc.	36.00	Resvx				
dv	10-01-96	Nabisco Holdings Corp Cl A	15.50	Resvx				
dv	10-01-96	Salomon Inc.	24.00	Resvx				
in	10-01-96	BF Saul Reit 1st Callable 4/1/98 @ 105.7 11.625% Due 04-01-02	581.25	Resvx				
dv	10-01-96	Nabisco Holdings Corp Cl A	15.50	Resvx				
dv	10-01-96	Salomon Inc.	24.00	Resvx				
by	10-02-96	Leucadia National Corporation	5,845.25	Resvx	250			1
dv	10-02-96	Reebok International	13.13	Resvx				
sl	10-09-96	Conagra 5.450% Due 10-09-96	15,000.00	Resvx	15,000			1
by	10-18-96	Hertz 5.230% Due 11-07-96	14,956.42	Resvx	15,000			1
dp	10-18-96	Reserve Fund (Primary)	500.00	client				
in	10-25-96	Reserve Fund (Primary)	69.12	Resvx				

Marshfield Associates
Transaction Summary
James A Mc Dermott - Combined
From 01-01-96 To 12-31-96

Tran Code	Date	Security	Dollar Amount	Source Or Dest.	Quantity	Broker Code	Commission	Lot
in	10-25-96	Reserve Fund (Primary)	23.85	Resvx				
in	10-25-96	Reserve Fund (Primary)	19.46	Resvx				
dv	11-01-96	Morgan Stanley	43.75	Resvx				
sl	11-07-96	Hertz 5.230% Due 11-07-96	15,000.00	Resvx	15,000			1
dv	11-08-96	American Express Company	33.75	Resvx				
by	11-14-96	Tysons Food 5.350% Due 12-05-96	14,953.19	Resvx	15,000			1
dp	11-15-96	Management Fee	285.76	Resvx				
in	11-15-96	American Media Operations Inc Sr Sub Note 11.625% Due 11-15-04	581.25	Resvx				
dp	11-15-96	Management Fee	227.96	Resvx				
dp	11-15-96	Management Fee	40.87	Resvx				
dv	11-20-96	Wells Fargo & Company	65.00	Resvx				
dv	11-22-96	Disney (Walt) Company	11.00	Resvx				
dv	11-25-96	Federal National Mortgage Assoc	76.00	Resvx				
in	11-29-96	Reserve Fund (Primary)	85.57	Resvx				
in	11-29-96	Reserve Fund (Primary)	22.13	Resvx				
in	11-29-96	Reserve Fund (Primary)	26.50	Resvx				

Marshfield Associates
Transaction Summary
James A Mc Dermott - Combined
From 01-01-96 To 12-31-96

Tran Code	Date	Security	Dollar Amount	Source Or Dest	Quantity	Broker Code	Commission	Lot
dv	12-02-96	Avon Products, Inc.	37.70	Resvx				
dv	12-02-96	Avon Products, Inc.	37.70	Resvx				
sl	12-05-96	Tysons Food 5.350% Due 12-05-96	15,000.00	Resvx	15,000			1
wd	12-13-96	Reserve Fund (Primary)	50.00	client				
sl	12-19-96	Toys "R" Us	0.37	Resvx	150			2
sl	12-19-96	Toys "R" Us	0.38	Resvx	150			1
sl	12-19-96	Toys "R" Us	0.25	Resvx	100			3
wd	12-20-96	Reserve Fund (Primary)	6,513.49	client				
wd	12-30-96	Reserve Fund (Primary)	500.61	client			-	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 2:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

James P. McGovern
(Full Name)

58 Blue Bell Rd.
Worcester MA 01606
(Mailing Address)

Daytime Telephone: 202-225-6101

Filer Status	☒ Member of the U.S. House of Representatives — State: MA District: 03	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes ☒ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: James P. McGovern

DATE (Month/Day/Year): 5/15/97

Name James P. McGovern | Page 2 of 6

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. Government (House of Reps.)	Salary	18,150.
	U.S. Government (G.S.A.)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name James P. McGovern | **Page** 3 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for Income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP,	*Examples:* Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC,	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	25% interest in family vacation residence	$15,001 - $50,000	Rent	$1,001 - $2,500	P

Name James P. McGovern | **Page** 4 **of** 6

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	25 % interest in 37 Webster Rd. Yarmouth, MA	Purchase	2/2/96	$15,001 - $50,000

Name James P McGovern

Page 5 of 6

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.	$100,001 - $250,000
JT	Fleet Mortage, Providence	25 % of mortage on 37 Webster Rd., Yarmouth MA	$15,001 - $50,000

Name James P. McGovern

Page 6 **of** 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Member, Board of Directors	Jesuit International Volunteers (uncompensated)

(29)

97 MAY 15 PM 4:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Paul Mc Hale (Full Name)
523 8th Avenue
Bethlehem, PA 18018 (Mailing Address)
(202) 225-6411 Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives — State: PA District: 15th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS— Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Paul McHale

DATE (Month/Day/Year) May 15, 1997

Name Paul McHale

Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	See attached 1996 Federal Income Tax Return		
	Communications Consulting Services (Spouse)	Professional Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Paul McHale | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1996 Aug. 13, 1996	$2,000 $500
	None	NA	NA	NA

This page may be copied if more space is required.

Name Paul McHale

Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
1.	See attached 1996 Federal Income Tax Return																												
2.	Legislative Pension (PA)			X																									
3.	See attached PSG Client Portfolio Summary																												
4.	Core States Accounts			X											X					X									
5.	First Star Accounts		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul McHale

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Air Products + Chemicals, Inc.		X										X						X										
	Keystone Tax Exempt Trust			X									X								X								
	See attached PSG Summary				X																								
	Life of Virginia Policy (self)			X											X					X									
	Life of Virginia Policy (spouse)			X											X					X									

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SCHEDULE IV — TRANSACTIONS

Name Paul McHale

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–96		X								
	None															

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Name Paul McHale

Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
JT	First Star Savings + Loan	Personal Loan		X								
JT	Ford Motor Credit Corp.	Auto Loan	X									
JT	Core States Bank (Meridian)	Auto Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Paul H. [illegible]

Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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Name Paul McHale | Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Board of Visitors	U.S. Naval Academy, Annapolis, MD
Board of Associates	Muhlenberg College, Allentown, PA
President's Council	Allentown College of St. Francis de Sales, Allentown, PA
Board of Directors	Lehigh River Foundation, Bethlehem, PA
Educational Bd. Member	Congressional Youth Leadership Council, Wash., DC
Advisory Bd. Member	Boy Scouts of America (Minsi Trails Council), Lehigh Valley, PA
Advisory Bd. Member	Historic Bethlehem Partnership, Bethlehem, PA

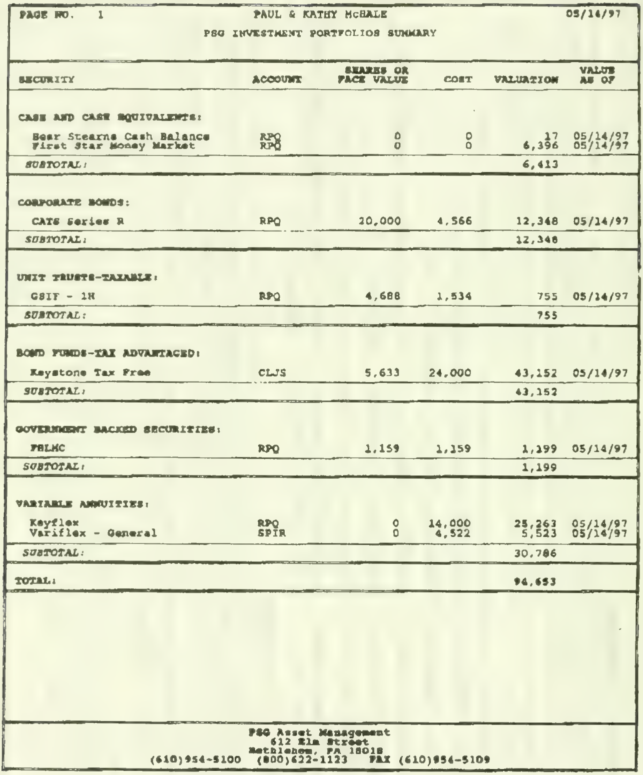
SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.



PAGE NO. 1 PAUL & KATHY McHALE 05/14/97

PSG INVESTMENT PORTFOLIOS SUMMARY

SECURITY	ACCOUNT	SHARES OR FACE VALUE	COST	VALUATION	VALUE AS OF
CASH AND CASH EQUIVALENTS:					
Bear Stearns Cash Balance	RPQ	0	0	17	05/14/97
First Star Money Market	RPQ	0	0	6,396	05/14/97
SUBTOTAL:				6,413	
CORPORATE BONDS:					
CATS Series R	RPQ	20,000	4,566	12,348	05/14/97
SUBTOTAL:				12,348	
UNIT TRUSTS-TAXABLE:					
GSIF - 1H	RPQ	4,688	1,534	755	05/14/97
SUBTOTAL:				755	
BOND FUNDS-TAX ADVANTAGED:					
Keystone Tax Free	CLJS	5,633	24,000	43,152	05/14/97
SUBTOTAL:				43,152	
GOVERNMENT BACKED SECURITIES:					
FHLMC	RPQ	1,159	1,159	1,199	05/14/97
SUBTOTAL:				1,199	
VARIABLE ANNUITIES:					
Keyflex	RPQ	0	14,000	25,263	05/14/97
Variflex - General	SPIR	0	4,522	5,523	05/14/97
SUBTOTAL:				30,786	
TOTAL:				94,653	

PSG Asset Management
612 Elm Street
Bethlehem, PA 18018
(610)954-5100 (800)622-1123 FAX (610)954-5109

COPY

FORM **1040** Department of the Treasury — Internal Revenue Service
U.S. Individual Income Tax Return **1996**
(99) IRS use only — Do not write or staple in this space

For the year Jan 1 - Dec 31, 1996, or other tax year beginning ,1996, ending ,19 OMB No. 1545-0074

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Your First Name Paul	MI F	Last Name McHale, Jr	Your Social Security No. 187-42-1831
If a Joint Return, Spouse's First Name Katherine	MI M	Last Name McHale	Spouse's Social Security No. 538-58-5317
Home Address (number and street). If You Have a P O Box, See Instructions 523 Eighth Avenue		Apartment No	**For help finding line instructions, see instructions in the booklet.**
City, Town or Post Office. If You Have a Foreign Address, See Instructions Bethlehem	State PA	ZIP Code 18018-5008	

Presidential Election Campaign (See instructions.)

	Yes	No
Do you want $3 to go to this fund?	X	
If a joint return, does your spouse want $3 to go to this fund?	X	

Note: Checking Yes will not change your tax or reduce your refund

Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's SSN above & full name here ►
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►
5 ☐ Qualifying widow(er) with dependent child (year spouse died ► 19). (See instructions.)

Exemptions

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a

b ☒ **Spouse**

No. of boxes checked on lines 6a & 6b: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number. If born in December 1996, see instructions	(3) Dependent's relationship to you	(4) No. of months lived in your home in 1996
Matthew McHale	162-70-2717	Son	12
Mary McHale	162-70-2594	Daughter	12
Luke McHale	165-72-1522	Son	12

If more than 6 dependents, see the instructions for line 6c.

No. of your children on line 6c who:
- lived with you: 3
- did not live with you due to divorce or separation (see instructions):

Dependents on line 6c not entered above:

d Total number of exemptions claimed — Add numbers entered on lines above ► 5

Income

Attach Copy B of your Forms W-2, W-2G, & 1099-R here.

If you did not get a W-2, see the instructions for line 7.

Enclose, but do not attach, any payment. Also, please enclose **Form 1040-V** (see the instructions for line 62).

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	138,501.
8a	**Taxable** interest. Attach Schedule B if over $400	8a	418.
b	**Tax-exempt** interest. **Do not** include on line 8a — 8b		
9	Dividend income. Attach Schedule B if over $400	9	19.
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	36,486.
13	Capital gain or (loss). If required, attach Schedule D	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions 15a — b Taxable amount (see instrs)	15b	
16a	Total pensions and annuities 16a — b Taxable amount (see instrs)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sch E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a — b Taxable amount (see instrs)	20b	
21	Other income. List type and amount — see instructions	21	
22	Add the amounts in the far right column for lines 7 - 21. This is your **total income** ►	22	175,424.

Adjusted Gross Income

If line 31 is under $28,495 (under $9,500 if a child did not live with you), see the instructions for line 54.

23a	Your IRA deduction (see instructions)	23a			
b	Spouse's IRA deduction (see instructions)	23b			
24	Moving expenses. Attach Form 3903 or 3903-F	24			
25	One-half of self-employment tax. Attach Schedule SE	25	2,578.		
26	Self-employed health insurance deduction (see instructions)	26	367.		
27	Keogh and self-employed SEP plans. If SEP, check ► ☐	27			
28	Penalty on early withdrawal of savings	28			
29	Alimony paid. Recipient's SSN ►	29			
30	Add lines 23a - 29			30	2,945.
31	Subtract line 30 from line 22. This is your **adjusted gross income** ►			31	172,479.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **1040** (1996)

FDIA0112 12/03/96

Form **1040** (1996) Paul F McHale, Jr & Katherine M McHale 187-42-1831 Page **2**

Tax Computation	32	Amount from line 31 (adjusted gross income)			32	172,479.
	33a	Check if: ☐ **You** were 65/older, ☐ Blind; ☐ **Spouse** was 65/older, ☐ Blind Add the number of boxes checked above and enter the total here ► 33a ☐				
	b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here ► 33b ☐				
	34	Enter the larger of your: **Itemized deductions** from Schedule A, line 28, **Or** **Standard deduction** shown below for your filing status. **But** see the instructions if you checked any box on line 33a or b **or** someone can claim you as a dependent. • Single – $4,000 • Married filing jointly or Qualifying widow(er) – $6,700 • Head of household – $5,900 • Married filing separately – $3,350			34	23,672.
	35	Subtract line 34 from line 32			35	148,807.
If you want the IRS to figure your tax, see the instructions for line 37.	36	If line 32 is $88,475 or less, multiply $2,550 by the total number of exemptions claimed on line 6d. If line 32 is over $88,475, see the worksheet in the instructions for the amount to enter			36	12,750.
	37	**Taxable income.** Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-			37	136,057.
	38	**Tax.** See instructions. Check if total includes any tax from a ☐ Form(s) 8814 b ☐ Form 4972 ►			38	34,058.
Credits	39	Credit for child and dependent care expenses. Attach Form 2441	39	204.		
	40	Credit for the elderly or the disabled. Attach Sch R	40			
	41	Foreign tax credit. Attach Form 1116	41			
	42	Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (spec)	42			
	43	Add lines 39 through 42			43	204.
	44	Subtract line 43 from line 38. If line 43 is more than line 38, enter -0- ►			44	33,854.
Other Taxes	45	Self-employment tax. Attach Schedule SE			45	5,155.
	46	Alternative minimum tax. Attach Form 6251			46	0.
	47	SS and Medicare tax on tip income not reported to employer. Attach Form 4137			47	
	48	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329			48	
	49	Advance earned income credit payments from Form(s) W-2			49	
	50	Household employment taxes. Attach Schedule H			50	157.
	51	Add lns 44 - 50. This is your **total tax** ►			51	39,166.
Payments	52	Federal income tax withheld from Forms W-2 and 1099	52	30,900.		
	53	1996 estimated tax payments and amount applied from 1995 return	53	4,000.		
Attach Forms W-2, W-2G, and 1099-R to page 1.	54	**Earned income credit.** Attach Schedule EIC if you have a qualifying child. Nontaxable earned income amount ► and type ►	54			
	55	Amount paid with Form 4868 (request for extension)	55			
	56	Excess social security and RRTA tax withheld (see instrs)	56			
	57	Other payments. Check if from ... a ☐ Form 2439 b ☐ Form 4136	57			
	58	Add lines 52 - 57. These are your **total payments** ►			58	34,900.
Refund Have it sent directly to your bank account! See instructions and fill in 60b, c, and d.	59	If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you **Overpaid**			59	
	60a	Amount of line 59 you want **Refunded to You** ►			60a	
	► b	Routing number c Type ☐ Checking ☐ Savings				
	► d	Account number				
	61	Amount of line 59 you want **Applied to Your 1997 Estimated Tax** ►	61			
Amount You Owe	62	If line 51 is more than line 58, subtract line 58 from line 51. This is the **Amount You Owe.** For details on how to pay and use **Form 1040-V**, see instructions ►			62	4,266.
	63	Estimated tax penalty. Also include on line 62	63			

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your Signature ►	Date	Your Occupation Legislator
Spouse's Signature. If a Joint Return, BOTH Must Sign ►	Date	Spouse's Occupation Consultant

Paid Preparer's Use Only

Preparer's Signature ► Amos G Kunkle CPA	Date 04/12/97	Check if self-employed ☒	Preparer's Social Security No 181-32-2880
Firm's Name (or yours if self-employed) and Address ► Amos G. Kunkle, CPA 1414 Millard Street Bethlehem PA		EIN	23-2381062
		ZIP Code	18018

FDIA0112 11/25/96

Schedule A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A – Itemized Deductions

► Attach to Form 1040.
► **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074
1996
07

Name(s) Shown on Form 1040: Paul F McHale, Jr & Katherine M McHale

Your Social Security Number: 187-42-1831

Medical and Dental Expenses		**Caution:** *Do not include expenses reimbursed or paid by others*				
	1	Medical and dental expenses (see instructions)	1	856.		
	2	Enter amount from Form 1040, line 32 | 2 | 172,479.				
	3	Multiply line 2 above by 7.5% (.075)	3	12,936.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
Taxes You Paid	5	State and local income taxes	5	5,985.		
	6	Real estate taxes (see instructions)	6	2,371.		
(See instructions.)	7	Personal property taxes	7			
	8	Other taxes. List type and amount ► Per Capita 22.	8	22.		
	9	Add lines 5 through 8			9	8,378.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	10,521.		
(See instructions.)	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►	11			
Note: Personal interest is not deductible.	12	Points not reported to you on Form 1098. See instructions for special rules	12	80.		
	13	Investment interest. If required, attach Form 4952. (See instructions.)	13			
	14	Add lines 10 through 13			14	10,601.
Gifts to Charity	15	Gifts by cash or check. If you made any gift of $250 or more, see instructions	15	2,165.		
If you made a gift and got a benefit for it, see instructions.	16	Other than by cash or check. If any gift of $250 or more, see instructions. If over $500, you **Must** attach Form 8283	16			
	17	Carryover from prior year	17			
	18	Add lines 15 through 17			18	2,165.
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			19	
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses – job travel, union dues, job education, etc. If required, you **Must** attach Form 2106 or 2106-EZ. (See instructions.) ► See Statement 1 3,000.	20	3,000.	*	
	21	Tax preparation fees	21	300.		
(See instructions for expenses to deduct here.)	22	Other expenses – investment, safe deposit box, etc. List type and amount ► See Statement 1 4,314.	22	4,314.		
	23	Add lines 20 through 22	23	7,614.		
	24	Enter amount from Form 1040, line 32 | 24 | 172,479.				
	25	Multiply line 24 above by 2% (.02)	25	3,450.		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			26	4,164.
Other Miscellaneous Deductions	27	Other – from list in the instructions. List type and amount ►			27	
Total Itemized Deductions	28	Is Form 1040, line 32, over $117,950 (over $58,975 if married filing separately)? **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the **larger** of this amount or your standard deduction. **Yes.** Your deduction may be limited. See instructions for the amount to enter.			► 28	23,672.

Itemized Deductions Limited per IRC Sec. 68.

BAA For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 1040) 1996

FDIA0301 10/14/96

* Total Reflects $3,000 Statutory Limitation per IRC 162(a) for Washington, DC Living Expenses for Members of Congress

Schedule **A & B** (Form 1040) 1996 OMB No. 1545-0074 Page 2

Name(s) Shown on Form 1040. Do Not Enter Name and Social Security Number if Shown on Schedule A.	Your Social Security Number
Paul F McHale, Jr & Katherine M McHale	187-42-1831

Schedule B — Interest and Dividend Income

08

Part I Interest Income

(See instructions.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Note: *If you had over $400 in taxable interest income, you must also complete Part III.*

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►	1	
	Corestates Bank, NA		418.
2	Add the amounts on line 1	2	418.
3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You **must** attach Form 8815 to Form 1040	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ►	4	418.

Part II Dividend Income

(See instructions.)

Note: If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form

Note: *If you had over $400 in gross dividends and/or other distributions on stock, you must also complete Part III*

					Amount
5	List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 ►			5	
	Air Products & Chemicals Inc				19.
	Keystone Investments Tax Free Fund				1,753.
	Keystone Investments Tax Exempt Trust				339.
6	Add the amounts on line 5			6	2,111.
7	Capital gain distributions. Enter here and on Schedule D*	7			
8	Nontaxable distributions. (See instructions for Form 1040, line 9)	8	2,092.		
9	Add lines 7 and 8			9	2,092.
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ►			10	19.

**If you do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, line 13*

Part III Foreign Accounts and Trusts

(See instructions.)

		Yes	No
	You must complete this part if you (a) had over $400 of interest or dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		
11a	At any time during 1996, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1		X
b	If 'yes,' enter the name of the foreign country ►		
12	During 1996, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'yes', see instructions for other forms you may have to file		X

BAA **For Paperwork Reduction Act Notice, see Form 1040 instructions.** Schedule **B** (Form 1040) 1996

FDIA0401 10/03/96

Schedule C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss from Business

(Sole Proprietorship)

► **Partnerships, joint ventures, etc, must file Form 1065.**
► **Attach to Form 1040 or Form 1041.** ► **See instructions for Schedule C (Form 1040).**

OMB No 1545-0074
1996
09

Name of Proprietor Katherine M McHale	Social Security Number (SSN) 538-58-5317
A Principal Business or Profession, Including Product or Service (see instructions) Service, Communications	**B** Enter Principal Business Code (see instr) ► 7260
C Business Name If No Separate Business Name, Leave Blank Katherine McHale	**D** Employer ID No. (EIN), If Any

E Business Addr (include suite or room no.) City, Town or P O, State, & ZIP Code ► 523 Eighth Avenue
Bethlehem, PA 18018-5008

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you 'materially participate' in the operation of this business during 1996? If 'No,' see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 1996, check here ► ☐

Part I **Income**

1	Gross receipts or sales. **Caution:** *If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here* ..... ► ☐	1	45,264.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	45,264.
4	Cost of goods sold (from line 42 on page 2)	4	
5	**Gross profit**. Subtract line 4 from line 3	5	45,264.
6	Other income, including federal and state gasoline or fuel tax credit or refund	6	
7	**Gross income**. Add lines 5 and 6 ►	7	45,264.

Part II **Expenses.** Enter expenses for business use of your home **only** on line 30

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see instructions)	9		20	Rent or lease (see instructions):		
				a	Vehicles, machinery, and equipment	20a	
10	Car and truck expenses (see instrs)	10	93.	b	Other business property	20b	
11	Commissions and fees	11		21	Repairs and maintenance	21	
12	Depletion	12		22	Supplies (not included in Part III)	22	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,017.	23	Taxes and licenses	23	
				24	Travel, meals, and entertainment:		
				a	Travel	24a	
14	Employee benefit programs (other than on line 19)	14		b	Meals and entertainment		
15	Insurance (other than health)	15		c	Enter 50% of line 24b subject to limitations (see instrs)		
16	Interest:						
a	Mortgage (paid to banks, etc)	16a		d	Subtract line 24c from line 24b	24d	
b	Other	16b		25	Utilities	25	
17	Legal and professional services	17		26	Wages (less employment credits)	26	
18	Office expense	18	32.	27	Other expenses (from line 48 on page 2)	27	5,518.

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27 in columns .... ►	28	6,660.
29	Tentative profit (loss). Subtract line 28 from line 7	29	38,604.
30	Expenses for business use of your home. Attach **Form 8829**	30	2,118.
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on **Form 1040, line 12**, and **also** on **Schedule SE, line 2** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3 • If a loss, you **must** go on to line 32	31	36,486.
32	If you have a loss, check the box that describes your investment in this activity. • If you checked 32a, enter the loss on **Form 1040, line 12**, and **also** on **Schedule SE, line 2** (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3 • If you checked 32b, you **must** attach **Form 6198**	32a ☐ 32b ☐	All investment is at risk Some investment is not at risk

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule **C** (Form 1040) 1996

Schedule C (Form 1040) 1996 Katherine M McHale 538-58-5317 Page 2

Part III **Cost of Goods Sold**

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include salary paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40 Enter the result here and on page 1, line 4	42	

Part IV **Information on Your Vehicle.** Complete this part **Only** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for:

a Business b Commuting c Other

45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

46 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ☐ Yes ☐ No

Part V **Other Expenses.** List below business expenses not included on lines 8 - 26 or line 30

Nonemployee Compensation		4,900.
Telephone		618.
48 **Total other expenses.** Enter here and on page 1, line 27	48	5,518.

Schedule SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► **See instructions for Schedule SE (Form 1040).**
► **Attach to Form 1040.**

OMB No. 1545-0074
1996
17

Name of Person with **Self-Employment** Income (as shown on Form 1040)	Social Security Number of Person with **Self-Employment** Income ►
Katherine M McHale	538-58-5317

Who Must File Schedule SE

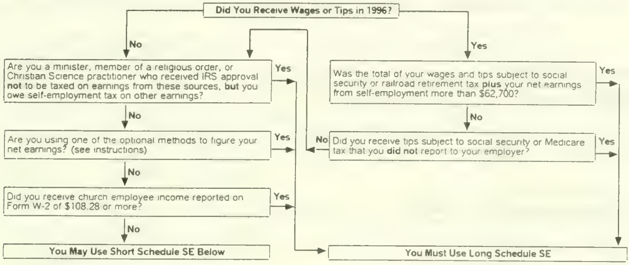
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of $400 or more, **Or**
- You had church employee income of $108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See instructions.

Note: *Even if you have a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE. See instructions.*

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt – Form 4361' on Form 1040, line 45.

May I use Short Schedule SE or Must I use Long Schedule SE?


Did You Receive Wages or Tips in 1996?
No
Yes
Are you a minister, member of a religious order, or Christian Science practitioner who received IRS approval not to be taxed on earnings from these sources, but you owe self-employment tax on other earnings?
Yes
No
Are you using one of the optional methods to figure your net earnings? (see instructions)
Yes
No
Did you receive church employee income reported on Form W-2 of $108.28 or more?
Yes
No
You May Use Short Schedule SE Below
Was the total of your wages and tips subject to social security or railroad retirement tax plus your net earnings from self-employment more than $62,700?
Yes
No
Did you receive tips subject to social security or Medicare tax that you did not report to your employer?
No
Yes
You Must Use Long Schedule SE

Section A – Short Schedule SE. Caution: *Read above to see if you can use Short Schedule SE*

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see instructions for amounts to report on this line. See instructions for other income to report	2	36,486.
3	Combine lines 1 and 2	3	36,486.
4	**Net earnings from self-employment.** Multiply line 3 by 92.35% (.9235). If less than $400, **do not** file this schedule; you do not owe self-employment tax ►	4	33,695.
5	**Self-employment tax.** If the amount on line 4 is: • $62,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 45.** • More than $62,700, multiply line 4 by 2.9% (.029). Then, add $7,774.80 to the result. Enter the total here and on **Form 1040, line 45.**	5	5,155.
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.5). Enter the result here and on **Form 1040, line 25** — 6 — 2,578.		

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

► Attach to Form 1040.

► See separate instructions.

OMB No. 1545-0068

1996

21

Name(s) Shown on Form 1040	Your Social Security Number
Paul F McHale, Jr & Katherine M McHale	187-42-1831

You need to understand the following terms to complete this form: **Qualifying Person(s), Dependent Care Benefits, Qualified Expenses,** and **Earned Income.** See **Important Terms** in the instructions.

Part I **Persons or Organizations Who Provided the Care** — You **must** complete this part. (If you need more space, use the bottom of page 2.)

1 (a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
Jane Blake	914 Seventh Avenue Bethlehem, PA	245-76-7080	1,022.

2 Add the amounts in column (d) of line 1	2	1,022.
3 Enter the number of **qualifying persons** cared for in 1996	►	3

Did you receive **dependent care benefits?**

No ——► Complete only Part II below.

Yes ——► Complete Part III on page 2 now.

Caution: *If the care was provided in your home, you may owe employment taxes See the instructions for Form 1040, line 50*

Part II **Credit for Child and Dependent Care Expenses**

4 Enter the amount of **qualified expenses** you incurred and paid in 1996 **Do not** enter more than $2,400 for one qualifying person or $4,800 for two or more persons. If you completed Part III, enter the amount from line 25	4	1,022.		
5 Enter **your earned income**	5	133,600.		
6 If married filing a joint return, enter **your spouse's** earned income (If student or disabled, see the instructions); **all others**, enter the amount from line 5	6	38,809.		
7 Enter the **smallest** of line 4, 5, or 6			7	1,022.
8 Enter the amount from Form 1040, line 32	8	172,479.		
9 Enter on line 9 the decimal amount shown below that applies to the amount on line 8			9	X 0.20

If line 8 is — Over	But not over	Decimal amount is	If line 8 is — Over	But not over	Decimal amount is
$0 –	10,000	.30	$20,000 –	22,000	.24
10,000 –	12,000	.29	22,000 –	24,000	.23
12,000 –	14,000	.28	24,000 –	26,000	.22
14,000 –	16,000	.27	26,000 –	28,000	.21
16,000 –	18,000	.26	28,000 –	No limit	.20
18,000 –	20,000	.25			

10 Multiply **line 7** by the decimal amount on line 9. Enter the result. Then, see the instructions for the amount of credit to enter on Form 1040, line 39	10	204.

Schedule H
(Form 1040)

Department of the Treasury
Internal Revenue Service

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► **Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, 1040-SS, or 1041.**
► **See separate instructions.**

OMB No. 1545-0074
1996
44

Name of Employer: Katherine M McHale
Social Security Number: 538-58-5317
Employer Identification Number: None

A Did you pay **any one** household employee cash wages of $1,000 or more in 1996? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

☒ **Yes.** Skip questions B and C and go to Part I.
☐ **No.** Go to question B.

B Did you withhold federal income tax during 1996 for any household employee?

☐ **Yes.** Skip question C and go to Part I.
☐ **No.** Go to question C.

C Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 1995 or 1996 to household employees? (**Do not** count cash wages paid in 1995 or 1996 to your spouse, your child under age 21, or your parent.)

☐ **No. Stop.** Do not file this schedule.
☐ **Yes.** Skip Part I and go to Part II.

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see instructions)	1	1,022.		
2	Social security taxes. Multiply line 1 by 12.4% (.124)			2	127.
3	Total cash wages subject to Medicare taxes (see instructions)	3	1,022.		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)			4	30.
5	Federal income tax withheld, if any			5	
6	Add lines 2, 4, and 5			6	157.
7	Advance earned income credit (EIC) payments, if any			7	
8	**Total social security, Medicare, and income taxes.** Subtract line 7 from line 6			8	157.

9 Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 1995 or 1996 to household employees? (**Do not** count cash wages paid in 1995 or 1996 to your spouse, your child under age 21, or your parent.)

☒ **No. Stop.** Enter the amount from line 8 above on Form 1040, line 50, or Form 1040A, line 27. If you are not required to file Form 1040 or 1040A, see the line 9 instructions.

☐ **Yes.** Go to Part II.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule H (Form 1040) 1996 Katherine M McHale 538-58-5317 Page 2

Part II Federal Unemployment (FUTA) Tax

		Yes	No
10	Did you pay unemployment contributions to only one state?	☐	☐
11	Did you pay all state unemployment contributions for 1996 by April 15, 1997? Fiscal year filers, see instructions	☐	☐
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	☐	☐

Next: If you answered '**Yes**' to **all** of the questions above, complete Section A.
If you answered '**No**' to **any** of the questions above, skip Section A and complete Section B.

Section A

13 Name of state where you paid unemployment contributions ► ______

14 State reporting number as shown on state unemployment tax return ► ______

15 Contributions paid to your state unemployment fund (see instructions) 15 ______

16 Total cash wages subject to FUTA tax (see instructions) 16 ______

17 **FUTA tax.** Multiply line 16 by .008. Enter the result here, skip Section B, and go to Part III 17 ______

Section B

18 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of State	(b) State reporting no. as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply column (c) by .054	(g) Multiply column (c) by column (e)	(h) Subtract column (g) from column (f). If zero or less, enter -0-.	(i) Contributions paid to state unemployment fund
			From	To					
19 Totals							19		

20 Add columns (h) and (i) of line 19 20 ______

21 Total cash wages subject to FUTA tax (see instructions) 21 ______

22 Multiply line 21 by 6.2% (.062) 22 ______

23 Multiply line 21 by 5.4% (.054) 23 ______

24 Enter the **smaller** of line 20 or line 23 24 ______

25 **FUTA tax.** Subtract line 24 from line 22. Enter the result here and go to Part III 25 ______

Part III Total Household Employment Taxes

26	Enter the amount from line 8	26	157.
27	Add line 17 (or line 25) and line 26	27	157.

28 Are you required to file Form 1040 or 1040A?

☒ **Yes. Stop.** Enter the amount from line 27 above on Form 1040, line 53, or Form 1040A, line 27. **Do not** complete Part IV below.

☐ **No.** You may have to complete Part IV. See instructions.

Part IV Address and Signature — Complete this part **only** if required. See instructions.

Address (number and street) or P O. Box if Mail is Not Delivered to Street Address ______ Apt. Room, or Suite Number ______

City, Town or Post Office, State, and ZIP Code ______

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees

► ______ Employer's Signature ► ______ Date

Form **2106-EZ**

Department of the Treasury
Internal Revenue Service (99)

Unreimbursed Employee Business Expenses

► Attach to Form 1040.

OMB No. 1545-1441

1996

54A

Your Name	Social Security Number	Occupation in Which Expenses Were Incurred
Paul F McHale, Jr	187-42-1831	Legislator

Part I General Information

You may use this form Only if all of the following apply:

- You are an employee deducting expenses attributable to your job
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense,
  - **a** You own your own vehicle, and
  - **b** You are using the standard mileage rate for 1996 **and** also used it for the year you first placed the vehicle in service.

Part II Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part III and multiply line 8a by 31¢ (.31)	1	
2	Parking fees, tolls, and transportation, including train, bus, etc, that **did not** involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3	6,600.
4	Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment	4	
5	Meals and entertainment expenses: $ 2,400. x 50% (.50)	5	1,200.
6	**Total expenses.** Add lines 1 through 5. Enter here and **on line 20 of Schedule A (Form 1040).** (Qualified performing artists and individuals with disabilities, see instructions for special rules on where to enter this amount.)	6	7,800.

Part III Information on Your Vehicle.

Complete this part **Only** if you are claiming vehicle expense on line 1

7 When did you place your vehicle in service for business purposes? (month, day, year) ► ______

8 Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for:

a Business ______ **b** Commuting ______ **c** Other ______

9 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

10 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

11**a** Do you have the evidence to support your deduction? ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ☐ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see separate instructions. Form **2106-EZ** (1996)

Form **2106-EZ**

Department of the Treasury
Internal Revenue Service (99)

Unreimbursed Employee Business Expenses

► **Attach to Form 1040.**

OMB No. 1545-1441

1996

54A

Your Name	Social Security Number	Occupation in Which Expenses Were Incurred
Katherine M McHale	538-58-5317	Naval Officer

Part I General Information

You may use this form Only if all of the following apply:

- You are an employee deducting expenses attributable to your job.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense,
  - **a** You own your own vehicle, and
  - **b** You are using the standard mileage rate for 1996 **and** also used it for the year you first placed the vehicle in service.

Part II Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part III and multiply line 8a by 31¢ (.31)	1	837.
2	Parking fees, tolls, and transportation, including train, bus, etc. that **did not** involve overnight travel or commuting to and from work	2	60.
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment	4	
5	Meals and entertainment expenses $ ________ x 50% (.50)	5	
6	**Total expenses.** Add lines 1 through 5. Enter here and **on line 20 of Schedule A (Form 1040).** (Qualified performing artists and individuals with disabilities, see instructions for special rules on where to enter this amount.)	6	897.

Part III Information on Your Vehicle.

Complete this part **Only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business purposes? (month, day, year) ► 07/01/93

8 Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for:

a Business 2,700 **b** Commuting ________ **c** Other 9,300

9 Do you (or your spouse) have another vehicle available for personal use? ☒ **Yes** ☐ **No**

10 Was your vehicle available for use during off-duty hours? ☒ **Yes** ☐ **No**

11**a** Do you have the evidence to support your deduction? ☒ **Yes** ☐ **No**

b If 'Yes,' is the evidence written? ☒ **Yes** ☐ **No**

BAA For Paperwork Reduction Act Notice, see separate instructions. Form **2106-EZ** (1996)

FDIA7501 10/11/96

Form **8829**

Department of the Treasury
Internal Revenue Service (99)

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040).
Use a separate Form 8829 for each home you used for business during the year
► See separate instructions.

OMB No 1545-1266
1996
66

Name(s) of Proprietor(s): Katherine M McHale
Your Social Security Number: 538-58-5317

Part I Part of Your Home Used for Business

Service, Communications

1	Area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples See instructions			1	250
2	Total area of home			2	2,500
3	Divide line 1 by line 2 Enter the result as a percentage			3	10.00%
	• **For day-care facilities not used exclusively for business, also complete lines 4 - 6.**				
	• **All others, skip lines 4 - 6 and enter the amount from line 3 on line 7.**				
4	Multiply days used for day care during year by hours used per day	4	hr		
5	Total hours available for use during the year (366 days x 24 hours) See instructions	5	8,784 hr		
6	Divide line 4 by line 5. Enter the result as a decimal amount	6			
7	Business percentage. For day-care facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage) All others, enter the amount from line 3 ►			7	10.00%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, **plus** any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797 If more than one place of business, see instructions				8	38,604.
	See instrs for columns (a) & (b) before completing lines 9-20.		**(a)** Direct expenses	**(b)** Indirect expenses		
9	Casualty losses. See instructions	9				
10	Deductible mortgage interest. See instructions	10		11,690.		
11	Real estate taxes. See instructions	11		2,635.		
12	Add lines 9, 10, and 11	12		14,325.		
13	Multiply line 12, column (b) by line 7	13		1,433		
14	Add line 12, column (a) and line 13				14	1,433.
15	Subtract line 14 from line 8 If zero or less, enter -0-				15	37,171.
16	Excess mortgage interest. See instructions	16				
17	Insurance	17		588.		
18	Repairs and maintenance	18		1,150.		
19	Utilities	19		4,680.		
20	Other expenses. See instructions	20				
21	Add lines 16 through 20	21		6,418.		
22	Multiply line 21, column (b) by line 7	22		642.		
23	Carryover of operating expenses from 1995 Form 8829, line 41	23		0.		
24	Add line 21 in column (a), line 22, and line 23				24	642.
25	Allowable operating expenses. Enter the **smaller** of line 15 or line 24				25	642.
26	Limit on excess casualty losses and depreciation. Subtract line 25 from line 15				26	36,529.
27	Excess casualty losses. See instructions	27				
28	Depreciation of your home from Part III below	28		43.		
29	Carryover of excess casualty losses and depreciation from 1995 Form 8829 line 42	29		0.		
30	Add lines 27 through 29				30	43.
31	Allowable excess casualty losses and depreciation. Enter the **smaller** of line 26 or line 30				31	43.
32	Add lines 14, 25, and 31				32	2,118.
33	Casualty loss portion, if any, from lines 14 and 31. Carry amount to **Form 4684**, Section B				33	
34	Allowable expenses for business use of your home Subtract line 33 from line 32 Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ►				34	2,118.

Part III Depreciation of Your Home

35	Enter the **smaller** of your home's adjusted basis or its fair market value. See instructions	35	
36	Value of land included on line 35	36	
37	Basis of building. Subtract line 36 from line 35	37	
38	Business basis of building. Multiply line 37 by line 7	38	
39	Depreciation percentage. See instructions	39	%
40	Depreciation allowable. Multiply line 38 by line 39. Enter here and on line 28 See instructions — See Attached	40	43.

Part IV Carryover of Unallowed Expenses to 1997

41	Operating expenses. Subtract line 25 from line 24. If less than zero, enter -0-	41	0.
42	Excess casualty losses and depreciation. Subtract line 31 from line 30. If less than zero, enter -0-	42	0.

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8829** (1996)

FDIA6901 10/23/95

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▸ **Attach this form to your return.**

OMB No. 1545-0172

1996

67

Name(s) Shown on Return	Business or Activity to Which This Form Relates	Identifying Number
Paul F McHale, Jr & Katherine M McHale	Sch C Service, Communications	187-42-1831

Part I Election to Expense Certain Tangible Property (Section 179)

(**Note:** *If you have any 'listed property,' complete Part V before you complete Part I.*)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	$17,500.
2	Total cost of section 179 property placed in service. See instructions	2	952.
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	17,500.

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
Fax/Modem	159.	159.
See Additional section 179 property		793.
7 Listed property. Enter amount from line 27	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	952.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	952.
10	Carryover of disallowed deduction from 1995. See instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	17,500.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	952.
13	Carryover of disallowed deduction to 1997. Add lines 9 and 10, less line 12 ▸	13	0.

Note: *Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.*

Part II MACRS Depreciation for Assets Placed in Service Only During Your 1996 Tax Year

(Do Not Include Listed Property)

Section A – General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions ▸ ☐

Section B – General Depreciation System (GDS) (See instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental			27.5 yrs	MM	S/L	
property			27.5 yrs	MM	S/L	
i Nonresidential real			39 yrs	MM	S/L	
property				MM	S/L	

Section C – Alternative Depreciation System (ADS) (See instructions)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property) (See instructions)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1996	17	43.
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	65.

Part IV Summary (See instructions)

20	Listed property. Enter amount from line 26	20	
21	**Total.** Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	21	1,060.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

BAA For Paperwork Reduction Act Notice, see instructions. FDIZ0812 10/07/96 Form **4562** (1996)

Form **4562** (1996) Paul F McHale, Jr & Katherine M McHale 187-42-1831 Page **2**

Part V Listed Property — Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *23a, 23b, columns (a) through (c) of Section A, all of Section B and Section C if applicable*

Section A — Depreciation and Other Information (Caution: *See instructions for limitations for automobiles*)

23a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No **23b** If 'Yes,' is the evidence written? ☒ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use (see instructions):								
25 Property used 50% or less in a qualified business use (see instructions):								
93 Ford Van	07/01/93	1.76						

26 Add amounts in column (h). Enter the total here and on line 20, page 1 **26**

27 Add amounts in column (i). Enter the total here and on line 7, page 1 **27**

Section B — Information On Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
28 Total business/investment miles driven during the year (**Do not** include commuting miles)	300											
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven	16,700											
31 Total miles driven during the year. Add lines 28 through 30	17,000											
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?	X											
33 Was the vehicle used primarily by a more than 5% owner or related person?	X											
34 Is another vehicle available for personal use?	X											

Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** *more than 5% owners or related persons*

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: *If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1996 tax year					

41 Amortization of costs that began before 1996 **41**

42 **Total.** Enter here and on 'Other Deductions' or 'Other Expenses' line of your return **42**

Schedule A
Lines 20, 22, 27

Miscellaneous Itemized Deductions Statement

► Attach to return (after all IRS forms)

1996
Statement 1

Name(s) Shown on Return	Social Security Number
Paul F McHale, Jr & Katherine M McHale	187-42-1831

Employee Business Expenses (Subject to 2% Limitation)

1	Unreimbursed employee expenses from Form 2106	1	8,697.
2	Excluded expenses from Form 2555	2	
3	Other unreimbursed employee business expenses:		
a	Union and professional dues	3 a	309.
b	Professional subscriptions	b	
c	Uniforms and protective clothing	c	
d	Job search costs	d	
e	Other:		
	Education	e	139.
4	**Total unreimbursed employee business expenses**	4	3,000.

Miscellaneous Expenses (Subject to 2% Limitation)

		Investment Expense ↓		
5	Depreciation and amortization deductions	☐	5	
6	Losses from casualty/theft of business property, Form 4684/4797	☐	6	
7	REMIC expenses, from Schedule E	☐	7	
8	Investment expenses related to dividend income	☐	8	
9	Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule K-1	☐	9	
10	Miscellaneous deductions excluded on Form 2555	☐	10	
11	Other miscellaneous expenses:			
a	Investment counsel and advisory fees	☐	11 a	
b	Certain attorney and accounting fees	☐	b	
c	Safe deposit box rental fees	☐	c	
d	IRA custodial fees	☐	d	
e	Other:		e	
	As per the Mem of Congr. Comp of Limit on Unreim Liv Exp & Other Misc Item	☐		4,314.
		☐		
		☐		
		☐		
		☐		
12	**Total miscellaneous expenses.**			4,314.

Other Miscellaneous Deductions Not Subject to 2% Limitation

13	Federal estate tax paid on decedent's income reported on this return	13	
14	Miscellaneous deductions excluded on Form 2555	14	
15	Impairment-related expenses of a handicapped employee, from Form 2106	15	
16	Amortizable bond premiums on bonds acquired before 10/23/86	16	
17	Gambling losses (to the extent of gambling income)	17	
18	Other miscellaneous deductions:	18	
19	**Total other miscellaneous deductions**		

Form 4562, line 6

Additional section 179 property

(a) Description of property	**(b)** Cost (bus use only)	**(c)** Elected cost
Computer Hardrive	432.	432.
Computer RAM	361.	361.
		793.

Paul F McHale, Jr & Katherine M McHale 187-42-1831 1

Form 4562

Regular Tax Depreciation Report

Activity: Sch C Service, Communications

Description			In Service	Cost	Land	Bus %	Type	Class	Conv	**Depr**
Auto	Home	Imp	Disposed	Basis	179	Listed	Meth	Life	Yr	Prior
Printer			10/01/93	675.		100.00	MACRS	7	HY	0.
	☐	☐		0.	675.	☐	200DB	7.0	4	
Computer			06/01/94	2,261.		100.00	MACRS	5	HY	0.
	☐	☐		0.	2,261.	☒	200DB	5.0	3	
Computer Soft.			05/01/94	196.		100.00	NP		NA	65.
	☐	☐		196.		☐	SL	3.0	3	109.
FAX Machine			02/02/95	476.		100.00	MACRS	7	HY	0.
	☐	☐		0.	476.	☐	200DB	7.0	2	0.
Office Improvements			08/08/95	1,680.		100.00	MACRS	NR	MM	43.
	☐	☒		1,680.		☐	SL	39.0	2	16.
Fax/Modem			08/08/96	159.		100.00	MACRS	5	HY	0.
	☐	☐		0.	159.	☐	200DB	5.0	1	0.
Computer Hardrive			04/22/96	432.		100.00	MACRS	5	HY	0.
	☐	☐		0.	432.	☐	200DB	5.0	1	0.
Computer RAM			01/03/96	361.		100.00	MACRS	5	HY	0.
	☐	☐		0.	361.	☐	200DB	5.0	1	0.
93 Ford Van			07/01/93			1.76				
X	☐	☐				☒				
				6,240.						108.
				1,876.						125.

Form 4562

Alternative Minimum Tax Depreciation Report

Activity: Sch C Service, Communications

Description	Real	Leased	AMT Cost	AMT Life	AMT Depr	**AMT Adj**
			AMT Basis	AMT Meth	AMT Prior	**AMT Pref**
Printer	☐	☐	675.			
Computer	☐	☐	2,261.	5.0		
Computer Soft.	☐	☐	196.	3.0	65.	0.
			196.	SL		
FAX Machine	☐	☐	476.			
Office Improvements	☐	☐	1,680.	40.0	42.	1.
			1,680.	SL	16.	
Fax/Modem	☐	☐	159.			
					0.	
Computer Hardrive	☐	☐	432.			
					0.	
Computer RAM	☐	☐	361.			
					0.	
93 Ford Van	☐	☐				

Form 4562 Continued

Alternative Minimum Tax Depreciation Report

Activity: Sch C Service, Communications

Description	Real	Leased	AMT Cost	AMT Life	AMT Depr	**AMT Adj**
			AMT Basis	AMT Meth	AMT Prior	**AMT Pref**
			6,240.		107.	1.
			1,876.		16.	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 4:12
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

HAND DELIVERED

MC (Office Use Only)

JOHN M. McHugh
(Full Name)

PO Box 863, PIERREPONT MANOR, N.Y. 13674 – (315) 465-5261
(Mailing Address) Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives — State NY District 24	☐ Officer or Employee	Employing Office
Report Type	☐ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John M. McHugh

DATE (Month/Day/Year) MAY 14, 1997

Name JOHN McHugh

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name JOHN McHugh

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN McHugh

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	Examples.	SP Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del.							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
		KEY BANK NA STOCK		X										X						X										
		KEY BANK NA CD		X												X					X									
		NORSTAR BANK, WATERTOWN CD		X												X						X								
		MARINE MIDLAND BANK SAVINGS	X													X				X										
		Congressional FEDERAL CREDIT UNION		X												X					X									
		STATE EMPLOYEE FEDERAL CREDIT UNION	X													X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN McHugh

Page 5 of 9

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Congressional FEDERAL Credit UNION - OFFICE ACCOUNT	X													X				X										

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Name JOHN McHugh

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example*	Mega Corporation Common Stock	X			10–12–96		X								
	NONE															

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Name JOHN McHugh

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				x						
		KEY BANK, WATERTOWN, N.Y.	LOAN ON RECREATIONAL BOAT	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

	Source	Description	Value
Example.	Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE		

Use additional sheets if more space is required.

Name JOHN McHugh | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago- Wash . D C	N	N	N	N
Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
ASPEN INSTITUTE	April 9-14	WASH D.C.- ROME-Wash.D.C.	Y	Y	Y	N

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Name JOHN McHugh	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
MEMBER of THE BOARD	UNITED STATES MILITARY ACAdemy AT WEST POINT

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement
	NONE	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

④

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LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 12:10
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

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(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Scott McInnis
(Full Name)

215 Cannon
Washington DC 20515
(Mailing Address)

Daytime Telephone
202-225-4761

Filer Status	☒ Member of the U S House of Representatives	State CO District 03	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒		VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒		VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III Did you your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐		VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV Did you, your spouse or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐		IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5/13/97

Name Scott McInnis **Page** ____ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP,	*Examples* Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC,	SP 123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
SP	Alpine Bank of Colo Stock	None - $1,000	Dividends	$1,001 - $2,500	E
SP	Alpine Bank of Colo Savings	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Scott McInnis & Associates, PC	$1,001 - $15,000	Interest	$1,001 - $2,500	
JT	Mutual of Omaha IRAs	$15,001 - $50,000	Interest	$2,501 - $5,000	
JT	Bank of Colo (f.k.a. Colo National Bank) IRAs	$15,001 - $50,000	Interest	$1,001 - $2,500	
	1st Federal Savings (deferred income)	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	David Smith Ranch Stock	$15,001 - $50,000	Dividends	None - $200	
	Alpine Bank IRA	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Invest Partnership				

Name Scott McInnis | **Page** ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Alpine Bank Savings	$250,001 - $500,000	Interest	$5,001 - $15,000	
	1st Bank Stock	None - $1,000	Dividends	$100,001 - $1,000,000	S
	Alpine Bank Stock	None - $1,000	Dividends	$1,001 - $2,500	E
	AG Edwards Savings	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Dean Witter	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Health-O-Meter	$1,001 - $15,000		None - $200	
	Natural Gas Investors	$1,001 - $15,000		None - $200	
	First Alert Stock	None - $1,000		None - $200	
	Superior Industrial Stock	$1,001 - $15,000		None - $200	P
	LTIC, Inc	$15,001 - $50,000		None - $200	
JT	Townhome-Lot 1, Hills #1, Washington County (St. George, Utah) 1/6 ownership	$1,001 - $15,000		None - $200	
JT	S&L McInnis LLLP 4%	$1,001 - $15,000	Dividends, Interest	None - $200	
DC	Daxon McInnis Irrevocable Trust (Alpine Bank Stock)	$100,001 - $250,000	Dividends, Interest	$1,001 - $2,500	E
DC	Tessa McInnis Irrevocable Trust (Alpine Bank Stock)	$100,001 - $250,000	Dividends, Interest	$1,001 - $2,500	E
DC	Andrea McInnis Irrevocable Trust (Alpine Bank Stock)	$100,001 - $250,000	Dividends, Interest	$1,001 - $2,500	E

Name Scott McInnis

Page _ **of**

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
DC	Daxon McInnis, Irrevocable Trust*	Exchange	2/6/96	$100,001 - $250,000
DC	Tessa McInnis Irrevocable Trust*	Exchange	2/6/96	$100,001 - $250,000
DC	Andrea McInnis, Irrevocable Trust*	Exchange	2/6/96	$100,001 - $250,000
	*Trust equally shared 96% ownership of S&L McInnis LLLP Primary holdings Alpine Bank of Colorado Stock			
JT	Invest Partnership			
	First Bank Stock	Sold	1/4/96	$100,001 - $250,000
	Alpine Bank Stock	Exchange	2/6/96	$50,001 - $100,000
	1st Alert Stock	Sold	9/28/96	$1,001 - $15,000
	Superior Industrial	Purchase	9/28/96	$1,001 - $15,000
JT	S&L McInnis, LLLP	Exchange	2/6/96	$15,001 - $50,000
SP	Alpine Bank of Colorado	Exchange	2/6/96	$500,001 - $1,000,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 15 PM 4:48

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED

(Office Use Only)

(9)

David Martin McIntosh
(Full Name)

1401 West University Avenue Muncie, IN 47303
(Mailing Address)

(202)225-3021
(Daytime Telephone)

Filer Status	☒ Member of the U S House of Representatives State IN District 02	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	**Yes** ☐	**No** ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	**Yes** ☐	**No** ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	**Yes** ☒	**No** ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	**Yes** ☒	**No** ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	**Yes** ☒	**No** ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	**Yes** ☒	**No** ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	**Yes** ☐	**No** ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	**Yes** ☐	**No** ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	**Yes** ☐	**No** ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL David McIntosh

DATE (Month/Day/Year) 5/15/97

Name David Martin McIntosh | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9 000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1 000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

Name David Martin McIntosh — Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2 1996	$2 000
	XYZ Magazine	Article	Aug 13 1996	$500
	The Tobacco Institute	Speech	June 11, 1996	$1,000
	The Tobacco Institute	Speech	June 11, 1996	$1,000
	The American Warehouse Association	Speech	June 18, 1996	$1,000
	Preston, Gates & Ellis & Rouvelas, Needs	Speech	September 28, 1996	$1,000
	American Society of Anesthesiologists	Speech	June 10, 1996	$1,000
	American Society of Anesthesiologists	Speech	June 10, 1996	$1,000
	(see attached)			

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Congressman McIntosh's Honoraria for 1996

June 10, 1996
Speech to the American Society of Anesthesiologists

-$1,000 Shadeland Elementary School
1525 West 14th St.
Anderson, IN 46016

-$1,000 Rush County Community Foundation
117 N. Main St.
Rushville, IN 46173

June 11, 1996
Speech to the Tobacco Institute

-$1,000 Community Foundation of Muncie and
Delaware County, Inc.
P.O. Box 807
Muncie, IN 47308

-$1,000 Madison County Community Foundation, Inc.
931 Meridian Plaza, Suite 702
Anderson, IN 46016-2702

June 18, 1996
Speech to the American Warehouse Association

-$1,000 Henry County Community Foundation, Inc.
P.O. Box 6006
New Castle, IN 47362

September 28, 1996
Speech to the Preston, Gates, Ellis & Rouvelas, Meeds

-$1,000 Shadeland Elementary School
1525 West 14th Street
Anderson, IN 46016

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Martin McIntosh

Page 1 **of** 1

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1 000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
JT	Charles Schwab One Account		X												X				X										
	Charles Schwab IRA Account		X												X				X										
SP	Charles Schwab IRA Account			X											X					X									
JT	Ball State Federal Credit Union		X												X				X										

For additional assets and unearned income, use next page.

Name David Martin McIntosh

Page 1 of 1

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	N/A														

This page may be copied if more space is required.

Name David Martin McIntosh | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001 $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
	N/A												

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

	Source	Description	Value
Example	Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A			

Use additional sheets if more space is required.

Name David Martin McIntosh | Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash , D C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	The British Airport Authority	12/16-12/19	Wash.,D.C.-London-Indpls	Y	Y	Y	N
	South Carolina Farm Bureau	11/30-12/6	Wash., D.C.-Myrtle Beach-Indpls.	Y	Y	Y	4 days

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Name David Martin McIntosh	**Page** 1 **of** 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
National Co-Chairman	Federalist Society for Law and Public Policy
Board Member	National Endowment for Democracy
Visiting Board Member	Regent University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement
	N/A	

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Use additional sheets if more space is required.

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HAND DELIVERED
(Office Use Only)

MC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Mike McIntyre (Douglas Carmichael McIntyre, II)
(Full Name)

1701 North Chestnut Street
Lumberton NC 28358
(Mailing Address)

Daytime Telephone
(202) 225-2731

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒	Member of the U S House of Representatives	State NC District 07	☐	Officer or Employee	Employing Office
Report Type	☒	Annual (May 15)	☐ Amendment	☐ Termination		Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL
Mike McIntyre (Douglas Carmichael McIntyre II)

DATE (Month/Day/Year)
May 14, 1997

Name Mike McIntyre (Douglas Carmichael McIntyre, II) **Page** 2 **of** 5

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	McIntyre Law Firm, P A	salary, fees	$27,006 91

For payments to charity in lieu of honoraria, use Schedule II.

Name Mike McIntyre (Douglas Carmichael McIntyre, II) | **Page** 3 **of** 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for Income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* Mega Corp Stock SP 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	102 Elizabethtown Road, Lumberton, NC	$50,001 - $100,000	Rent	$5,001 - $15,000	
	IRA, Branch Banking & Trust, Lumberton, NC	$15,001 - $50,000	N/A	N/A	
SP	IRA, Branch Banking & Trust, Lumberton, NC	$1,001 - $15,000	N/A	N/A	
	Checking account, BB&T, Lumberton, NC	$1,001 - $15,000	Interest	None - $200	

Name Mike McIntyre (Douglas Carmichael McIntyre, II) **Page** 4 of 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, or the child, parent or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information see Instructions pages 21-22

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100 001 - $250,000
	Branch Banking & Trust Lumberton NC	Mortgage on real property	$15,001 - $50,000
	Douglas & Thelma McIntyre, Lumberton, NC	Mortgage on real property	$15 001 - $50 000

Name Mike McIntyre (Douglas Carmichael McIntyre, II) | **Page** 5 of 5

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director	Lumberton Rotary Club
Commissioner	Robeson County Human Relations Commission

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY -6 PM 3:13
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

HAND DELIVERED

MC
(Office Use Only)

Howard P. "Buck" McKeon
(Full Name)

307 Cannon Bldg., Washington
(Mailing Address)

225-1956
Daytime Telephone

Filer Status ☒ Member of the U.S. House of Representatives State Ca. District 25 ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☒ No ☐

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Howard P. McKeon

DATE (Month/Day/Year) 5-6-97

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Howard P. "Buck" McKeon

Page 1 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp Stock				X								X							X									P
	123 Main St , Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	McKeon Bros. a Partnership (1/5 Interest)					X								X										X					
	Leasehold - 19415 Soledad Cyn. Rd., C.C.			X										X									(NET) X	X (Gross)					
	Rental Home - 30007 Grandifloras, C.C.			X										X								X							
	Condo - 24444 B Hampton Dr., Val.			X										X							X								
	Home - Utah	X														X							X						S
	Home - Parada - Ca.			X										X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard P. "Buck" McKeon

Page 2 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Howard + Phil Ent., Inc. - Corp. Stock	X																	X										
	Valencia Nat. Bank – " "	X														X							X						S
	Charles Schwab + Co. - M.M. Fund + Accounts			X									X		X					X									
	Nationwide Health PPTYS - Common Stock			X									X								X								
	Tenneco, Inc. " "	X											X			X					X								S
	Fid. Sel. Am. Gold - Mut. Fund		X										X						X										
	U.S. Bonds		X												X				X										
	Dean Witter - IRA (42904)																												
	Nat Health PPTYS - Common Stock		X										X							X									
	Tenneco, Inc. " "	X											X			X					X								S
	Vanguard Spec. Gold - Mut. Fund	X											X			X				X									S
	Noram - Common Stock	X														X				X									S
	TCW/DW EM MKTS - Mut. Fund	X														X			X										S
	Motorola - Common Stock		X										X						X										
	Novell " "		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard P. "Buck" McKeon

Page 3 of 8

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
JT	Plum Creek Timber – Common Stock		X										X							X									P
	Dean Witter IRA (42905)																												
	Franklin Quest – Common Stock		X																X										
	Nat. Fuel + Gas – " "	X														X					X								S
	Vanguard Spec. Gold – Mut. Fund	X														X					X								S
	House of Fabrics – Common Stock	X																	X										
	Plum Creek Timber – " "	X														X				X									S
	TCW/DW EM MKTS. " "	X														X			X										S
	Novell " "		X																X										P
	Dean Witter – Liq. Assets M.M. Fund		X										X						X										
	Franklin Quest – Common Stock		X													X			X										
	Wellpoint Health – " "	X														X				X									S
	Ingersoll Rand " "	X														X				X									S
	Condo – 1120 Village Rd #305 Beaver Creek Colo						X							X										X					
	Val. Nat. Bank – Checking Acct.	X													X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard P. "Buck" McKeon

Page 4 of 8

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Cong. Fed. Credit Union - Check Acct.	X											X						X										
|	" " " " - Sav. "	X											X						X										

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SCHEDULE IV — TRANSACTIONS

Name Howard P. "Buck" McKeon

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	x			10–12–96		x								
JT	Plum Creek Timber – Common Stock	X			8-8-96	X									
	Valencia Nat. Bank – " "		X		7-18-96				X						
	Tenneco, Inc. " "		X		6-25-96	X									
	" " " "		X		11-26-96	X									
	Vanguard Spec. Gold – Mut. Fund		X		6-13-96	X									
	Noram - Common Stock		X		8-8-96	X									
	TCW/DW EM. MKTS – Mut. Fund		X		8-8-96	X									
	Nat. Fuel + Gas – Common Stock		X		2-5-96	X									
	Vanguard Spec. Gold - Mut. Fund		X		6-13-96	X									
	Plum Creek Timber - Common Stock		X		2-5-96	X									
	TCW/DW Em MKts – " "		X		8-8-96	X									
	Novell " "	X			8-8-96	X									
	Wellpoint Health " "		X		2-5-96	X									
	Ingersoll Rand		X		11-26-96	X									
	Home – Provo, Utah		X		Dec. 96					X					

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Name Howard P. "Buck" McKeon | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover Del				x						
JT	Citicorp– P.O Box 790016 St. Louis, Mo. 63179-0016	Mort. -1120 Village Rd #305 Beaver Creek, Colo				X						
	Val. Nat. Bank-23920 Valencia Blvd, Valencia, Ca. 91355	" 30007 Grandifloras, Canyon Country, Ca					X					
	First Federal, Ca.	" 24444 B Hampton Dr. Valencia, Ca.				X						
	First Federal, Ca.	" 25830 Parada Dr., " "				X						
	Bank, of America Ca	" Provo UT.				X						
	Val. Nat. Bank - as above	" 1120 Village Rd #305 Beaver Creek Colo.			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Howard P. "Buck" McKeon | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND RE!MBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Education Finance Council		March 14-15	Wa., D.C. — Palm Springs, Ca. Santa Clarita, Ca.	Y	Y	Y	No

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Name Howard P. "Buck" McKeon | Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
Dec. '92	McKeon Brothers - Howard & Phil Ent., Inc.	Reduced salary and responsibilities with regard to family business as approved by Committee on Standards of Official Conduct

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

CYNTHIA A McKINNEY
(Full Name)

124 CANNON HOUSE OFFICE BUILDING
(Mailing Address)
WASHINGTON DC 20515

Daytime Telephone
202-225-1605

MC HAND DELIVERED
(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status: ☒ Member of the U S House of Representatives — State GA — District 04 — ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule I.

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule II.

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☐ No ☒
If yes, complete and attach Schedule III.

IV Did you your spouse, or dependent child purchase sell, or exchange any reportable asset worth more than $1,000 in the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule IV.

V Did you, your spouse, or a dependent child have any reportable liability (more than $10 000) during the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule V.

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? Yes ☐ No ☒
If yes, complete and attach Schedule VI.

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? Yes ☒ No ☐
If yes, complete and attach Schedule VII.

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☐ No ☒
If yes, complete and attach Schedule VIII.

IX Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☒
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

Name CYNTHIA A. McKINNEY

Page 2 of 2

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash , D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	TENNESSEE COMMISSION ON WOMEN'S SUFFRAGE	3/23	ATLANTA-NASHVILLE-ATLANTA	N	N	N	N
	HARVARD UNIVERSITY	4/20	DC-CAMBRIDGE-ATLANTA	N	N	N	N
	NATIONAL POLITICAL CONGRESS OF BLACK WOMEN	4/21	ATLANTA-PHILADELPHIA-ATLANTA	N	N	N	N
	SCLC/WOMEN, INC.	8/13	ATLANTA-DETROIT-ATLANTA	N	Y	N	N
	PENNSYLVANIA LEGISLATIVE BLACK CAUCUS	9/27	ATLANTA-PHILADELPHIA-ATLANTA	N	Y	N	N
	"POLITICALLY INCORRECT" CABLE TV PROGRAM	10/21-10/23	ATLANTA-LOS ANGELES-ATLANTA	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Hon. Michael Robert McNulty
(Full Name)

86 West Street
Green Island, New York 12183
(Mailing Address)

(202) 225-5076
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives — State New York, District 21st C.D.	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse or dependent child? (See Instructions pages 10 11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5-14-97

Name Hon. Michael Robert McNulty	**Page** 2 **of** 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Green Island Insurance (renewal commissions)	Renewal Commissions	$2,590.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Hon. Michael Robert McNulty

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	The Connell Company	Speech	April 29, 1996	$2,000

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Name Hon. Michael Robert McNulty

Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		Block A	A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	Block E
			None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250 001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 - $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1 000,001 - $5,000,000	Over $5,000,000	P, S, E
SP,	Examples	SP Mega Corp Stock				X								X							X									P
DC		123 Main St , Dover, Del							X						X											X				
JT		1st Bank of Paducah, KY accounts					X									X							X							
		Green Island Insurance			X																									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hon. Michael Robert McNulty **Page** 5 **of** 9

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000							None – $200	$201 – $1,000	$1,001– $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
	NONE																												

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SCHEDULE IV — TRANSACTIONS

Name Hon. Michael Robert McNulty

Page 6 **of** 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–96		X								
	NONE															

This page may be copied if more space is required.

Name Hon. Michael Robert McNulty **Page** 7 **of** 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Wright Patman Congressional Federal Credit Union	Personal Line of Credit	X									
	Wright Patman Congressional Federal Credit Union	VISA	X									
	C.L. King & Associates, Inc., Albany, NY	SECURED LOAN			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22-24

	Source	Description	Value
Example	Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE		

Use additional sheets if more space is required.

Name Hon. Michael Robert McNulty

Page 8 **of** 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
The Connell Company		Apr 29, 1997	Albany-Newark-Washington	N	Y	N	N

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Name Hon. Michael Robert McNulty	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Capital Region Technology Development Council (NOT COMPENSATED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Carolyn B. Maloney
(Full Name)

49 East 92nd Street
New York, New York 10128
(Mailing Address)

Daytime Telephone: (212) 289-9450

Filer Status ☒ Member of the U.S. House of Representatives — State: New York — District: 14 | ☐ Officer or Employee — Employing Office:

Report Type ☒ Annual (May 15) | ☐ Amendment | ☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Carolyn B. Maloney

DATE (Month/Day/Year): 5/14/97

Name Carolyn B. Maloney

Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6 000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Liberty Business Forms & Systems, Inc., Plainview, NY	Spouse	N/A
	Chromium Industries, Inc., Chicago, IL	Spouse	N/A
	CHW Maloney & Co., Incorporated, New York, NY	Spouse	N/A
	The Wall Street Fund	Spouse	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Carolyn B. Maloney | Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13 14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2 1996	$2 000
	XYZ Magazine	Article	Aug 13 1996	$500
	None			

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Name Carolyn B. Maloney

Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

			BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
				A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	BUSINESS INCOME	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP.	Examples	SP	Mega Corp Stock				X								X							X									P
DC.			123 Main St., Dover, Del.							X						X											X				
JT			1st Bank of Paducah, KY accounts					X									X							X							
			Stock – Chromium Industries, Inc. Chicago, IL					X											X								X				
			CD – Virginia Beach Federal Savings & Loan, Virginia Beach, VA		X												X					X									
			Stock – Liberty Business Forms & Systems, Inc., Plainview, NY					X													X										
			Rental Property & Residence, 49 East 92 Street, New York, NY								X					X										X					
			Rental Property – Single Family, 279 West Road, New Canaan, CT							X						X										X					
			Albright & Maloney Partnership, 10 High Street, Boston, MA, Rental Real Estate, Jamaica, WI					X								X					X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carolyn B. Maloney

Page 5 of 10

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1 000	B $1,001 – $15 000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250 001 – $500,000	G $500,001 – $1,000,000	H $1 000,001 - $5,000,000	I $5,000, 001 – $25,000,000	J $25 000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	BUSINESS INCOME	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1 001 – $2,500	IV $2,501 – $5,000	V $5 001 – $15,000	VI $15,001 – $50,000	VII $50 001 – $100,000	VIII $100,001 – $1,000,000	IX $1 000,001 – $5,000,000	X Over $5,000,000	P, S, E
	HPB Enterprises, T/A Albemarle Plantation-Real Estate Dev.-Hertford, NC							X						X	X	X	X							X					
	Stock-Aldo Farms of NC, Inc.-209 6th Street, Virginia Beach, VA			X									X							X									
	Stock - The Wall Street Fund		X										X							X									
	Stock - Roll Finishing, Mt. Vernon, IN			X															X										
	Stock - JTP, Inc.-Land Investment, Jonestown Road, Chesapeake, VA			X										X					X										
	Citibank, N.A.	X											X						X										
	Shares-RBB/Bedford Money Market Fund			X									X							X									
	Shares - Dreyfus Liquid Assets	X											X							X									
	Preferred Stock - Tenneco		X										X							X									E
	Undivided Interest - Land - 96 acres-Route 64, Southampton County, VA			X															X										
	Stock Beechtree Park, Inc., T/A Holiday Travel Park, Virginia Beach, VA							X											X										
	Shares - Fidelity Cash Reserve			X									X								X								
	Shares-Fidelity U. S. Government Reserve		X										X							X									
	Stock-CHW Maloney & Co., Inc.		X																X										
	Shares - Capital Preservation Fund, Mountainview, CA		X										X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carolyn B. Maloney

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	BUSINESS INCOME	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Stock - Holiday Village, Inc.-Real Estate, Virginia Beach, VA			X															X										
	R. G. Bosher Irrevocable Life Ins. Trust - Insurance Trust	X																	X										
	HPB Enterprises, T/A Albemarle Plantation-Real estate 1% income interest-Hertford, NC		X																	X									
	Bosher Family Partnership L.P., Virginia Beach, VA			X										X					X										
	236 shares El Paso Nat'l Gas Co.		X										X						X										E
	Undivided 1/5 interest - real estate-Rose Hall, Jamaica					X													X										

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Name Carolyn B. Maloney

Page 7 of 10

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
	100 shares Tenneco Preferred Stock exchanged for 236 shares of El Paso Nat'l Gas Co.			X	12-12-96	X									

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Name Carolyn B. Maloney | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500 001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington Delaware	Mortgage on 123 Main St , Dover, Del				X						
	Chase Manhattan Bank, Worthington, OH	Mortgage on 49 East 92nd Street, New York, NY			X							
	Citibank, N.A.	Mortgage on 49 East 92nd Street, New York, NY				X						
	*New Canaan Bank & Trust, New Canaan, CT	Mortgage on 279 West Road, New Canaan, CT			X							
	*New Canaan Bank & Trust, New Canaan, CT	Mortgage on 279 West Road, New Canaan, CT				X						
	Chase Manhattan Mtg. Corp., Worthington, OH	Mortgage on 279 West Road, Refinancing New Canaan Bank				X						

* Refinanced by Chase Manhattan Mtg. Corp.

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source		Description	Value
Example	Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None		

Use additional sheets if more space is required.

Name Carolyn B. Maloney | Page 9 of 10

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash D C	N	N	N	N
	Roycroft Corporation	Aug 6-13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	PSEKA	8-16-96	Norfolk, VA - New York, NY- Norfolk, VA	N	N	N	N
	Confederation of Indian Industry	11-29-96 - 12- 9-96	New York to Mumbai, Bangalore, Delhi, Amritsar, Agra, India to New York	Y	Y	Y	N

[illegible] if more space is required

Name Carolyn B. Maloney	**Page** 10 **of** 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	HPB Enterprises, T/A Albemarle Plantation, Hertford, NC
Partner	Bosher Family Partnership, L.P., Virginia Beach, VA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

For use by Members, officers, and employees

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⑥

James H. Maloney
(Full Name)

15 Wooster Heights, Danbury, CT 06810
(Mailing Address)

(202) 225-3822
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives State District ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** N/A	Yes ☐	No ☐
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** N/A	Yes ☐	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/15/1997

Name Cong. James H. Maloney **Page** 1 **of**

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Maloney, Leaphart & Associates, P.C., Danbury, CT	Salary	7,500.00
	State of Connecticut, W.C.S.U., Danbury, CT	Salary	3,900.00
	Danbury Public Schools, Danbury, CT	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Cong. James H. Maloney

Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
Examples	123 Main St, Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
	Stock Maloney, Leaphart & Assoc., PC			X												X			X										
	Shares Constitution State Strategic Assoc.		X													X			X										
	Loans Maloney Congress Committees				X										X				X										
	Nutmeg Federal Sav. Bank - Accts		X												X					X									
	Loans Maloney State Senate Committees			X											X				X										
	U.S. Government Bonds		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Cong. James H. Maloney

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100 000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 - $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	1988 Milldale Rd., Cheshire, CT (partial interest)				X											X			X										
	Smith Barney - IRA Money Market	X																	X										P
	Smith Barney-IRA Money Market	X																	X										P

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Name Cong. James H. Maloney

Page 4 of 5

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
	American National Bank, Cheshire, CT	Mortgage on 1988 Milldale Road, Cheshire, CT		X								
	Francis A. Miniter, Hartford, CT	Mortgage on 1988 Milldale Road, Cheshire, CT		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)'	$270
N/A.		

Use additional sheets if more space is required.

Name Cong. James H. Maloney | Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
President & Director	Maloney, Leaphart & Associates, P.C., Danbury, CT; resigned positions at start of year; firm dissolved at start of year.
General Manager	Constitution State Strategic Associates, LLC, Danbury, CT; resigned as General Manager at beginning of year; LLC is inactive
Adjunct Professor*	Western Connecticut State University *Approved by House Standards of Official Conduct Committee
Joint Tenancy	1988 Milldale RD., Cheshire, CT

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
N/A	Maloney, Leaphart & Associates, P.C.	Dissolved P.C. to wrap-up affairs; distribute any net equity.

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members officers and employees

97 APR 17 PM 5:47
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(8)

MC

HAND DELIVERED
(Office Use Only)

Thomas J. Manton
(Full Name)

2235 Rayburn House Office Building
(Mailing Address)

202-225-3965
Daytime Telephone

Washington, D.C. 20515

Filer Status	☒ Member of the U S House of Representatives	State NY District 7	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4 §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL
Thomas J. Manton

DATE (Month/Day/Year)
4-17-97

Name THomas J. Manton | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York City Employees Retirement system	Pension for NYC Council service	$13,389
	Estate of Mary Crane (will dated 9/22/76)	Executor's commission	16,243
	Greater NY Nurses Registry, Inc. (private duty nursing)	Spouse earnings	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas J. Manton

Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member s filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples : Association of American Associations Wash DC XYZ Magazine	Speech Article	Feb 2 1996 Aug 13 1996	$2 000 $500
The Connell Company, Westfield, NJ	Speech	Sept.9, 1996	$2,000
Smith, Barney (Burston-Marsteller) NY, NY	Speech	Nov.7, 1996	2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas J. Manton

Page 4 of 8

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP,	Examples: SP Mega Corp. Stock				X								X							X									P
DC,	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
SP	D. Manton Trust					X							X		X							X	X						
SP	IRA Home Savings Bank		X																		- NA -								
	NYC Employee Retirement System					X															- NA -								
	Stock - Thomas J. Manton, P.C.			X															X										

For additional assets and unearned income, use next page.

Name Thomas J. Manton

Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	None														

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SCHEDULE V — LIABILITIES

Name Thomas J. Manton **Page** 6 **of** 8

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Thomas J. Manton, P.C.		Personal loan	X									
	Wright-Patman Federal Credit Union		Personal loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see Instructions, pages 22–24.

Source		Description	Value
Example	Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None		

Use additional sheets if more space is required.

Name Thomas J. Manton	**Page** 7 **of** 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chinese National Assoc. of Industry and Commerce	Dec. 1-9	NYC - Taipei - NYC	Y	Y	N	N

This page may be copied if more space is required.

Name Thomas J. Manton	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Sole stockholder, Director and officer	Thomas J. Manton, P.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 13 PM 3:19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

⑧

MC HAND DELIVERED
(Office Use Only)

DONALD A. MANZULLO
(Full Name)

792 East Lightsville Road
Egan, Illinois 61047
(Mailing Address)

(202) 225-5676
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives State IL District 16	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☒ No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒ No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978 as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Donald A Manzullo

DATE (Month/Day/Year) 5/13/97

Name Donald A. Manzullo

Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cattle Operation, Egan, IL		7510.00
	Law Office of Donald A. Manzullo, P.C.	residual legal fees	353.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Donald A. Manzullo

Page 3 **of** 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	NONE			

This page may be copied if more space is required.

Name Donald A. Manzullo

Page 4 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples.*	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del.							X						X											X				
JT		1st Bank of Paducah, KY accounts					X									X							X							
		Rent, commercial bldg 400 Washington, Oregon, IL					x								x										x					
		D.A. Manzullo, Trustee, D.A. Manzullo Pension Trust *						x						x		x	x						x							
		IRA, Everen Sec *		x										x		x	x				x									
SP		IRA, Everen Sec *		x										x		x	x				x									
		Sole shareholder, Law Offices of Donald A. Manzullo (dormant)		x										residual legal fees							x									
		Federal Credit Union		x												x					x									
		Stillman Bancorp, Oregon, IL			x											x					x									

*Held at Everen Securities and invested in various Kemper Mutual Funds

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Donald A. Manzullo

Page 5 **of** 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		**Type of Transaction**			**Date**	**Amount of Transaction**									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	**B** $1,001– $15,000	**C** $15,001– $50,000	**D** $50,001– $100,000	**E** $100,001– $250,000	**F** $250,001– $500,000	**G** $500,001– $1,000,000	**H** $1,000,001– $5,000,000	**I** $5,000,001– $25,000,000	**J** $25,000,001– $50,000,000	**K** Over $50,000,000
SP, DC, JT	**Asset**														
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	N ONE														

This page may be copied if more space is required.

Name Donald A. Manzullo	Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del				X						
	Stillman Bancorp, Stillman Valley, IL	mortgage on commercial bldg Oregon, IL			x							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24

Source	Description	Value
Example Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name Donald A. Manzullo	**Page** 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

This page may be copied if more space is required.

Name Donald A. Manzullo	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Donald A. Manzullo, P.C. (dormant)
Trustee	Donald A. Manzullo, P.C. Pension Trust (This is a Defined Benefit Retirement Plan from my law firm of which I was the sole shareholder)
Trustee	M.F. Charitable Trust (dormant)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
12/92	Agreement w/various attorneys to collect residual legal fees on cases still pending w/ Donald A. Manzullo, P.C. as per permission granted from House Commmittee on Official Conduct by letter dated 1/5/93.	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

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LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES

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OFFICE OF THE CLERK

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Edward J. Markey
(Full Name)

2133 Rayburn House Office Building
Washington, DC 20515
(Mailing Address)

202-225-2836
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State: Mass. District: 07	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/15/97

Name Edward J. Markey

Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
Spouse:	U.S. Public Health Service, Dept. of Health & Human Services	Spouse Salary	NA
Spouse:	Private Practice of Medicine	Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Edward J. Markey

Page 3 **of** 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Cong. Federal Credit Union Accounts			X											X					X									
	Medford Savings Bank, Medford, MA		X												X				X										
	Smith Barney, IRA		X										X						NA										
JT	First Union Bank Account		X												X				X										
SP	First Union Bank Accounts			X											X						X								
SP	Dean Witter Reynolds, IRA		X												X				NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name Edward J. Markey

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	TIAA-CREFF Retirement Annuity					X									X				NA										
SP	Merrill Lynch Money Market Tax Free Acct.		X												X					X									
SP	Port Authority NY-NJ Municipal Bonds				X										X							X							
SP	Denver, CO City-County FAC Arpt. Bonds				X										X							X							
SP	Eaton Vance Nat. Municipal Bond Fund					X							X										X						
SP	Alliance National Municipal Bond Fund														X								X						S •
SP	Van Kampen American Capital Municipal Bond Funds					X							X										X						
SP	Alliance Massachusetts Municipal Bond Fund					X									X							X							P

This page may be copied if more space is required.

Name Edward J. Markey **Page** 5 **of** 6

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
SP	Alliance National Municipal Bond Fund		X		8-14-96				X						
SP	Alliance Massachusetts Municipal Bond Fund	X			8-14-96				X						

This page may be copied if more space is required.

Name Edward J. Markey	**Page** 6 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples · Chicago Chamber of Commerce	Mar 2	Wash . D C —Chicago—Wash . D C	N	N	N	N
Roycroft Corporation	Aug 6–13	Wash . D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
Phil Donahue Show Multimedia Entertainment Inc.	Jan. 11-17	Wash., DC - NY - Wash., DC	Y	N	N	6 days
IRTS Foundation, Inc.	Feb. 9	Wash., DC - NY - Wash., DC	N	Y	N	N
Aspen Institute	Aug.16-26	Wash., DC - St. Petersburg - Wash., DC	Y	Y	Y	5 Nights
Fulcrum Information Services, Inc	Sept. 29-30	Wash., DC - NY - Wash., DC	Y	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

MATTHEW GILBERT MARTINEZ
(Full Name)

2234 Rayburn HOB: Washington, D.C. 20515
(Mailing Address)

(202) 225-5464
(Daytime Telephone)

Filer Status	☒ Member of the U.S. House of Representatives	State California District 31st	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☒	No ☐
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Matthew G. Martinez

DATE (Month, Day, Year) May 15, 1997

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Matthew Gilbert Martinez

Page 2 of 3

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
Examples	123 Main St., Dover, Del.							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
SP	Apt. Units: 439 S. New Avenue Monterey Park, CA 91755						X							X										X					
SP	Apt. Units: 3514 Beverly Blvd. Montebello, CA 90640						X							X										X					
JT	Condo: 300 M. Street, S.W. Washington, D.C. 20024			X										X					X										
JT	Condo: 1080 Wisconsin Ave. Washington, D.C. 20007					X								X					X										

For additional assets and unearned income, use next page.

Name Matthew Gilbert Martinez **Page** 3 **of** 3

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
SP	Trust Savings Bank Monterey Park, CA 91754	Mortgage: Apt. Units. 439 S. New Avenue, &										
		3514 Beverly Blvd. California				x						
JT	Mellon Mortgage Company	Mortgage 1080 Wisconsin Ave. D.C.				x						
JT	Marghretten Mortgage Company	Mortgage 300 M. Street, S.W. D.C.		x								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY -8 AM 9:35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

⑤

Frank R. Mascara
(Full Name)

831 Lincoln Avenue
(Mailing Address)
Charleroi PA 15022

(h) (412) 483-8733
Daytime Telephone:
(w) (202) 225-4665 DC (h) 544-5964

Filer Status	☒ Member of the U.S. House of Representatives — State: PA District: 20	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL
Frank Mascara

DATE (Month/Day/Year)
05-08-97

Name Frank R. Mascara | **Page** 2 of 5

;CHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** dentify (a) each asset held for investment or roduction of income with a fair market value xceeding $1,000 at the end of the reporting year, ind (b) any other asset or source of income which enerated more than $200 in "unearned" income luring the year. For rental property or land, provide in address. Provide full names of any mutual unds. For an IRA or retirement plan that is *self-firected*, list the underlying assets worth more than ;1,000. For an IRA or retirement plan that is *not self-directed*, name the institution holding the ccount. :xclude: Your personal residence(s) (unless there is ental income); any debt owed to you by your pouse, or by your or your spouse's child, parent, r sibling, any deposits totalling $5,000 or less in ersonal savings accounts, any financial interests in r income derived from U.S. Government retirement rograms. f you so choose, you may indicate that an asset or ncome source is that of your spouse (SP) or lependent child (DC) or is jointly held (JT), in the ptional column on the far left. or further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
;P,)C, IT	*Examples:* Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
IT	Charleroi Federal Savings Bank (PA) CD's & Accounts	$50,001 - $100,000	Interest	$1,001 - $2,500	NA
	Washington Co. Retirement Fund (PA)	$100,001 - $250,000	None	NA	NA
IT	609-11 Fallow Field Avenue, Charleroi, PA	$100,001 - $250,000	Rent	(net) None - $200 (gross) $15,001-50,000	NA
	Loan to Mascara for Congress	$15,001 - $50,000	None	None	NA
IT	"Sale" of Vacant Lot-Speers Bord, PA (See Schedule IV)	None - $1,000	Capital Gains	$1,001 - $2,500	NA
IT	Congressional Credit Union Washington, D.C	$1,001 - $15,000	Interest	None - $200	NA

Name Frank R. Mascara | **Page** 3 of 5

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Vacant Lot-(Speers Bord)- Charleroi, PA	Sold	3-1-96	$1,001 - $15,000

Name Frank R. Mascara

Page 4 **of** 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse,
or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Charleroi Federal Savings Bank, Charleroi, PA 15022	Mortgage on 609-11 Fallow Field Avenue, Charleroi, PA	$50,001 - $100,000
JT	Frank & Jennie Flora, Belle Vernon, PA 15012	Personal Promissory Note	$15,001 - $50,000

Name Frank R. Mascara

Page 5 **of** 5

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Trustee	California of PA, California, PA 15419 Uncompensated
Commissioner	Port of Pittsburgh Commission, Pittsburgh, PA Uncompensated

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

ROBERT TAKEO MATSUI
(Full Name)

US House of Representatives, 2308 Rayburn House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone
(202) 225-7163

MC HAND DELIVERED
(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status ☒ Member of the U S House of Representatives — State CA, District 05 ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☒ No ☐

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 15, 1997

Name ROBERT TAKEO MATSUI

Page 2 **of** 7

SCHEDULE I -- EARNED INCOME

List the source, type and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10 000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	DFAS Columbus (White House)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name ROBERT TAKEO MATSUI **Page** 3 **of** 7

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug 13, 1994	$500
Japanese American Citizens League, Selanoco Chapter, Cerritos, CA		Speech	1/20/96	$ 250
National Association of REALTORS, Washington, DC		Speech	11/16/96	$ 1,000

Name ROBERT TAKEO MATSUI | **Page** 4 **of** 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None "	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* SP Mega Corp Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Wright Patman Congressional Federal Credit Union	None - $1,000	Interest	None - $200	
JT	Wright Patman Cong FCU - held in trust for Brian R. Matsui	None - $1,000	Interest	None - $200	
SP	Bank of America - checking	None - $1,000	Interest	None - $200	
JT	Nartrov, Inc stock	$15,001 - $50,000	Interest	None - $200	
SP	White House Federal Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
JT	Pacific Gas & Electric Common Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
JT	Sierra Pacific Resources Common Stock	$1,001 - $15,000	Dividends	None - $200	
JT	KERN CNTY CALIF COP BEALE MEM LIBRARY BK ENTRY O I.D BOND	$15,001 - $50,000	Interest	$1,001 - $2,500	

Name ROBERT TAKEO MATSUI **Page** 5 **of** 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	UNIV CALIF REVS BERKLEY INTRA SPORTS FAC REG BOND	None - $1,000	Interest	$1,001 - $2,500	S Redeemed
JT	CALIFORNIA ST VAR PURP BOOK ENTRY BOND	$1,001 - $15,000	Interest	$201 - $1,000	
JT	REDDING JT PWRS FING AUTH CA WSTEWTR REV RFDG SER-A-FGIC BOND	$1,001 - $15,000	Interest	$201 - $1,000	
JT	PUTNAM GLOBAL GROWTH FD INC COMMON STOCK	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
DC	PUTNAM GLOBAL GROWTH FD INC COMMON STOCK	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
JT	CMA Fund - Merrill Lynch	$15,001 - $50,000	Dividends	$201 - $1,000	
DC	CMA Fund - Merrill Lynch	None - $1,000	Dividends	None - $200	
JT	CALIFORNIA POLL CTL FING AT PCR REF PGEC A (former CALIFORNIA PCF PCR PAC GAS & ELEC CO-SER A-REG-REF BOND)	None - $1,000	Interest	$201 - $1,000	S Redeemed
JT	US Treasury Notes	$15,001 - $50,000	Interest	$1,001 - $2,500	P
SP	Okada Family Trust (Inherited) (Co-trustee, 50 percent interest) Checking Account - Bank of America, Dinuba, CA	$1,001 - $15,000	Interest	None - $200	
SP	Okada Family Trust Cash Maximizer Account - Bank of America, Dinuba, CA	$15,001 - $50,000	Interest	$201 - $1,000	
SP	Okada Family Trust Farm Equipment	$15 001 - $50,000		None - $200	
SP	Okada Family Trust Farm and Residence, Dinuba, CA	$250,001 - $500,000	Rent	$5,001 - $15,000	
SP	Okada Family Trust Annuity - Bankers United Life Assurance	None - $1,000	Interest	$1,001 - $2,500	NA Cashed Out
SP	Okada Family Trust CD - Bank of America, Dinuba, CA	$1,001 - $15,000		None - $200	
SP	Sun Financial Group bank account (Proceeds from father's life insurance)	$100,001 - $250,000	Interest	$5,001 - $15 000	
SP	Bank of America, Dinuba, CA - Checking (Inherited funds)	$1,001 - $15,000	Interest	None - $200	

Name ROBERT TAKEO MATSUI | **Page** 6 **of** 7

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	UNIV CALIF REV BERKLEY INTRA SPORTS FAC REG - BOND	Sold	11/1/96	$15,001 - $50,000
JT	CALIFORNIA POLL CTL FING AT PCR REF PGEC A - BOND	Sold	6/3/96	$1,001 - $15,000
JT	US Treasury Notes	Purchase	7/18/96	$15,001 - $50,000

Name ROBERT TAKEO MATSUI **Page** 7 **of** 7

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Japanese American Citizens League, Selanco Chapter	1/20/96	Sacramento-Orange Courty	Y	Y	N	No
The Asia Society	5/4/96	Washington, DC-NY-Washington, DC	N	N	N	No
National Association of REALTORS	11/16/96	Washington, DC-San Francisco, Sacramento-Washington, DC	N	N	N	No

⑥

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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Martin T. Meehan
(Full Name)

320 Clark Road
Lowell, Massachusetts 01852-3124
(Mailing Address)

202/225-3411
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives — State MA, District 5th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C. app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Mart T. Meeh

DATE (Month/Day/Year) May 15, 1997

Name Martin T. Meehan	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	KGR, Inc.	Spouse Salary	
	Lawrence General Hospital	Spouse Salary	

For payments to charity in lieu of honoraria, use Schedule II.

Name Martin T. Meehan

Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001– $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP	*Examples.* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	North End Blvd, Salisbury, Ma	X												X		X					X								S
	The Lowell Five - Savings	X													X					X									
	Congressional FCU - Savings			X											X				X										
	NY LIfe Insurance Company		X												X				X										
SP	Fleet Bank Savings		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin T. Meehan

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	Fleet Bank - IRA			X											X														
SP	Fidelity - IRA		X												X														

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Martin T. Meehan

Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	305 North End Blvd., Salisbury, MA		X		7-9-96			X							

This page may be copied if more space is required.

Name Martin T. Meehan

Page 6 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT		Creditor	Type of Liability	Amount of Liability									
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	ITT Bowest Lowell, MA (formerly Central Savings Bank)		Mortgage on 305 North End Blvd. Salisbury MA			X	(paid off - July 1996)						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

97 MAY 15 PM 3:51

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

⑨

MC HAND DELIVERED

(Office Use Only)

Carrie P. Meek
(Full Name)

401 Cannon House Office Bldg. Washington, D.C. 20515 (202)-225-4506
(Mailing Address) Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State Florida District 17	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
x Carrie P. Meek

DATE (Month/Day/Year)
5/15/97
x Carrie

Name Carrie P. Meek | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Florida	Teachers' Pension	52,628

For payments to charity in lieu of honoraria, use Schedule II.

Name Carrie P. Meek Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples Association of American Associations Wash D C	Speech	Feb 2, 1996	$2 000
XYZ Magazine	Article	Aug 13, 1996	$500
National Black Health Study Group	Speech	Nov. 16, 1996	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Carrie P. Meek

Page 4 **of** 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT			Block A	Block B A	B	C	D	E	F	G	H	I	J	K	Block C						Block D I	II	III	IV	V	VI	VII	VIII	IX	X	Block E
				None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
	Examples:	SP	Mega Corp. Stock				X								X							X									P
			123 Main St., Dover, Del							X						X											X				
			1st Bank of Paducah, KY accounts					X									X							X							
			Banker's Savings Bank				X										X						X								
			Community Broadcasters			X												X			X										
			Traveler's Tax Shelter Annuity					X									X						X								
			Credit Unions: Fla + Congressional				X										X						X								
			MET Life Asset Annuity			X											X					X									
			Renex Corporation.			X									X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carrie P. Meek

Page 5 of 9

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Nation's Bank checking		X												X				X										
	Nation's Bank Money Market Acct		X												X				X										
	Nation's Bank Trust		X												X		X		X										
	2nd home - 1830 Lanette, Tallahassee, Fla			X										X									X						

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Carrie P. Meek

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	NA														

This page may be copied if more space is required.

Name Carrie P. Meek

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Republic Bank – Miami	Mortgage, 6830 NW 28th Ave Miami		X								
	Ryland Mortgage Co	mortgage, 1830 Lavette, Tallahassee		X								
	Credit Unions - Dade Teachers + State of Fla.	Loans	X									
	Maryland Bank, Citicorp, Optima	Credit cards		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Carrie P. Meek

Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Center for Legislative Exchange	Mar. 18-19	Wash, DC - Ottawa, - Wash D.C.	Y	Y	N	N
	Nat'l Black Health Study Group	Nov. 15-16	Wash, DC - NYC - Wash D.C.	Y	Y	N	N
	Caribbean Banana Exporter's Assoc	Dec. 2-6	Miami - Jamaica - Antigua - Dominica - St. Lucia - Miami	Y	Y	N	N

This page may be copied if more space is required.

Name Carrie P. Meek	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Community Action Agency Dade County, Fla

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	None	

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 5:37 (9)
[illegible]

HAND DELIVERED

MC

(Office Use Only)

Robert Menendez
(Full Name)

517 - 15th Street, Union City, NJ 07087
(Mailing Address)

201/222-2828
202/225-7919
Daytime Telephone

Filer Status: ☒ Member of the U.S. House of Representatives — State NJ, District 13 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V** — Yes ☒ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** — Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** — Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** — Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert Menendez

DATE (Month/Day/Year): May 15, 1997

Name Robert Menendez

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Union City Board of Education, 3912 Bergen Turnpike,Union City, NJ	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert Menendez

Page 3 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP. DC. JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P. S. E
Examples																													
SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	1806 West St., Union City, NJ					x								x										x					
JT	535-41st St., Union City, NJ					x								x										x					
JT	Trust Co. of NJ - Money Market		x												x				x										
JT	Union City Savings, Savings Account		x												x					x									
SP	Fidelity Growth Portfolio (Annuity)				x										x								x						
JT	Dean Witter Discover & Co. Stock		x										x						x										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Menendez

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Intel Corp. Stock		x										x						x										
JT	K Mart Corp. Stock		x										none						x										
JT	LeCroy Corp. Stock		x										none						x										
JT	(name chnge in 1996) UJB Financial Corp./Summit Bank-Stock		x										x						x										
DC	K Mart Corp. Stock		x										none						x										
DC	Merck & Co. Stock			x									x							x									
DC	Pepisco, Inc. Stock		x										x						x										
DC	Prudential Pacific Growth Fund ClassB		x										x			x			x										
DC	Quaker Oats Co. Stock		x										x							x									
DC	Toys R Us, Inc. Stock		x										none						x										
DC	(name change in 96) UJB Financial Corp./Summit Bank-Stock		x										x						x										
JT	Cyrix Corp. Stock		x										none						x										P
JT	LSI Logic Corp. Stock		x										none						x										P
JT	Motorola, Inc., Stock		x										none						x										P
JT	Sentex Sensing Tech.,Inc. Stock		x										none						x										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert Menendez

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Teleport Communications Group,Inc.CLA			x									none						x										P
DC	Bay Networks,Inc. Stock		x										none						x										P
DC	Bay Networks,Inc. Stock		x										none						x										P
DC	Bay Networks, Inc. Stock		x										none						x										P
DC	Microchip Technology, Inc. Stock		x										none						x										P
DC	Prudential Jennison Fund,Inc.Class B		x										none						x										P
DC	Prudential Jennison Fund,Inc.Class B		x										none						x										P
	State of New Jersey - Pension			INDEFINITE																									

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SCHEDULE IV — TRANSACTIONS

Name Robert Menendez

Page 6 **of** 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
JT	Audiovox Corp.Class A Stock		x		1-22-96	x									
JT	Cyrix Corp. Stock	x			10-23-96	x									
JT	LSI Logic Corp. Stock	x			6-10-96	x									
JT	Motorola, Inc.	x			11-13-96	x									
JT	Sentex Sensing Tech.,Inc. Stock	x			10-10-96	x									
JT	Teleport Communications Group,Inc.CLA Stock	x			7-2-96	x									
DC	Bay Networks, Inc. Stock	x			3-11-96	x									
DC	Bay Networks, Inc. Stock	x			6-17-96	x									
DC	Bay Networks, Inc. Stock	x			11-13-96	x									
DC	Microchip Technology, Inc. Stock	x			5-17-96	x									
DC	Prudential Jennison Fund,Inc.,Class B Stock	x			8-13-96	x									
DC	Prudential Jennison Fund,Inc.,Class B Stock	x			8-13-96	x									

This page may be copied if more space is required.

Name Robert Menendez	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	Union City Savings	Mortgage on 1806 West St., Union City		x								
JT	Union City Savings	" on 41st St., Union City				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name Robert Menendez	**Page** 8 **of** 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Miami Congressional Workshop		Feb.2-4,96	Wash,DC-Miami-Newark	Y	Y	N	N
Continental Airlines		Mar. 14-18	Wash.DC-Newark-Lima-Newark-Wash.DC	Y	Y	N	N
Military Academy of Caribbean		May 3-5,96	Newark-Santo Domingo-Newark	Y	Y	N	N

This page may be copied if more space is required.

Name Robert Menendez	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
5/10/93	Henry Furst, Esq.	Buyout of law practice & deferred compensation for legal services prior to entering Congress.

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

ROBERT MENENDEZ
13th District, New Jersey

COMMITTEE ON TRANSPORTATION
AND INFRASTRUCTURE
Subcommittees
Surface Transportation
Water Resources

COMMITTEE ON INTERNATIONAL
RELATIONS
Subcommittees
Africa
Western Hemisphere Affairs

CHIEF DEPUTY WHIP

Congreſs of the United States
House of Representatives
Washington, DC 20515–3013

Reply to
☐ 405 Cannon H O B
Washington, DC 20515-3013
(202) 225-7919

District Offices
☐ 911 Bergen Avenue
Jersey City NJ 07306
(201) 222-2828
☐ 654 Avenue C
Bayonne NJ 07002
(201) 823-2900
☐ 275 Hobart Street
Perth Amboy NJ 08861
(908) 324-6212

HAND DELIVERED

97 MAY 21 AM 11:14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

①

✓
MC

May 15, 1997

The Honorable Robin H. Carle
Clerk of the House of Representatives
H-154, U.S. Capitol
Washington, D.C. 20515-0003

Dear Mr. Carle:

In preparing my 1996 Financial Disclosure, I became aware that my state pension plan was reportable. I had inadvertently failed to list participation in my state pension plan on my previous financial disclosures.

I would appreciate it if you would amend my previous financial disclosures to reflect my eligibility for this pension.

Sincerely,

Robert Menendez
Member of Congress

RM:kgk

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 JUN 12 PM 3 32
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

Jack Metcalf (Full Name)
4693 Saratoga Road
Langley, WA 98260 (Mailing Address)

Daytime Telephone 202-225-2605

MC **INSIDE MAIL** (4)
(Office Use Only)

Filer Status: ☒ Member of the U S House of Representatives State District ☐ Officer or Employee Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL Jack Metcalf

DATE (Month/Day/Year) June 11, '97

Name Metcalf

Page 1 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Log Castle Bed and Breakfast	B&B Income	20,000.00
	Washington State Retirement System	Pension	13,200.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Metcalf

Page 2 of 4

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

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Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
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Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

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Amount of Income

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Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	IRA, Whidbey Island Bank		X												X				N/A										
SP	IRA, Whidbey Island Bank		X												X				N/A										
JT	Coin Collection			X															X										
JT	Checking, Whidbey Island Bank			X											X					X									
JT	Checking, Whidbey Island Bank		X																X										
JT	Savings, Teachers C.U. NW		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 3 of 4

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Checking, US Bank, Langley		X																X										
JT	Savings, US Bank, Langley		X												X					X									
JT	Checking, LEFCU		X																X										
JT	Savings, LEFCU		X												X					X									
	Trust Asset:																												
	54 Acres (1/5 share)					X													X										
	7 Acres (1/5 share)						X							X							X								
	(Both in Langley, WA)																												

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Name Metcalf | Page 4 of 4

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C —Chicago—Wash , D C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash , D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chinese National Assoc. of Industry & Commerce	April 9-12 (46hours)	Seattle-SanFran-Taiwan Taiwan-L.A.-DC.	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 15 PM 2:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVE

①

MC HAND DELIVERED
(Office Use Only)

John L. Mica
(Full Name)

2195 Via Tuscany
Winter Park, FL 32789
(Mailing Address)

Daytime Telephone 202-225-4035

Filer Status	☒ Member of the U S House of Representatives State ___ District ___	☐ Officer or Employee	Employing Office ___
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date ___

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

Name John L. Mica **Page** 2 **of** 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug. 13, 1996	$500
	American Crop Protection Association	Speech	Feb. 11, 1996	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John L. Mica

Page 3 **of** 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	MK Development, Winter Park, FL 50% interest								X					X											X				
	Winter Park Antique Mall, Inc Winter Park, FL			X										X Retail Sales										X					
	Mortgage, Amy Ball, Maitland, FL		X												X				X										
	15 3rd Street, NE, Wash., DC Units 2, 4&5 & two garage units						X							X									X						
	305 East Capitol Street, SE, Wash. 50% interest, rental unit					X								X									X						
	Park Lake Woods, Condo rental units 8B & 9B, Maitland, FL					X								X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John L. Mica

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Park Lake Woods, Condo, Unit 5A Maitland, FL 50% partnership			X										X								X							
	2195 Via Tuscany - residence Winter Park, FL							X											X										
	Lot 21, Chetola Estates - residence Blowing Rock, NC						X												X										
	1305 S. Atlantic Ave., Unit 130 Cocoa Beach, FL					X								X								X							
	Bank of Winter Park, Winter Park, FL							X							X									X					
	National Bank of Commerce Winter Park, FL						X								X									X					
	George Mason Bank (formerly Palmer Nat'l Bank), Wash., DC (IRA)			X											X				X										
	U.S. Senate Federal Credit Union Wash., DC			X											X					X									
	Wright Patman Congressional Credit Union, Wash., DC		X												X				X										
	Delta Chi Alumni Assoc., Loan to Housing Fund		X																X										
	First Citizens Bank, Blowing Rock, NC (checking)	X																	X										
	Metropolitan Life (annuity)					X									X				X	Deferred									
	Dakota Cellular, Inc. Aberdeen, SD Residual interest from 1995 sale	X													X				X										
	MD Cellular, Inc. Winter Park, FL		X																X										
	Centennial Cellular Corp. (NASDAQ)					X							X						X										

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Name John L. Mica

Page 5 of 7[illegible]

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Union Bank, Raleigh, NC	Mortgage on Unit 130, Cocoa Beach condominium		X								
	American Savings Bank	Mortgage on Units 8 & 9 Park Lake Woods Condo, Matilland		X								
	GMAC Mortgage Corp., Waterloo, IA	Mortgage, Unit 5A, Park Lake Woods Condo, Maitland, FL		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name John L. Mica | **Page** 6 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Crop Protection Association	Feb. 11-12	Orlando - Ft.Laud-Orlando	Y	Y	N	No

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Name John L. Mica	**Page** 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice President	Winter Park Antique Mall, Inc., Winter Park, FL
President	MK Development Corp., Winter Park, FL
Partner	Mica/Temple Trail Properties, Unite 5A, Park Lake Woods, Condo, Maitland, FL
Director	MD Cellular, Inc. Winter Park, FL

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members officers and employees

97 MAY 15 PM 5:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
DELIVERED

(Office Use Only)

97 MAY 15 PM 5:07
U.S. HOUSE OF REPRESENTATIVES

CONGRESSWOMAN JUANITA MILLENDER-McDONALD
(Full Name)

419 Cannon House Office Bldg.
Washington, DC 20515
(Mailing Address)

Daytime Telephone 202/225-7924

Filer Status	☒ Member of the U S House of Representatives	State CA District 37	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you your spouse, or dependent child purchase sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you your spouse or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
VII Did you your spouse or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you your spouse or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4 §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Juanita Millender - McDonald

DATE (Month/Day/Year) 5-15-'97

Name JUANITA McDONALD	**Page** 2 **of** 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of California	Salary	12,000
	Los Angeles County	Spouse's Salary	N/A
	Los Angeles Office of Education	Spouse's Salary	N/A
	Alpha 2 Omega Computer Systems	Business Income	Approx.300,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JUANITA McDONALD

Page 3 of 6

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**											BLOCK C **Type of Income**						BLOCK D **Amount of Income**										BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14–20.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											If other than one of the listed categories, specify the type of income by writing a brief description in this block.						For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Chatfield Dean & Co.		X												X				X										
JT	Mark Johnson Racing Stable				X														X										
JT	The Fox Group/Century Prop. Accts.		X																										
	Los Angeles Teachers Credit Union			X											X							X							
	Holden Group-Deferred Comp.					X													N/A										
SP	County Employees Credit Union Accts.					X									X								X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JUANITA McDONALD

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Bank of America Accounts		X												X				X										
JT	Union Bank Accounts			X											X						X								
JT	850-856 W.129th Street, Gardena						X							X									X						
JT	1236 W.64th Street, Los Angeles					X								X					X										
JT	803 N.Grandee, Compton					X								X									X						
SP	1st Federal Credit Union					X									X														
SP	Horizons-Deferred Comp. Acct.					X									X														
	Security First Group-IRA Acct.		X																										
SP	Security First Group-IRA Acct.		X																										
JT	Unimporved land near Lancaster, CA					X													X										
JT	US Savings Bond (since '84 or '85)			X															X										
JT	Alpha 2 Omega Computer Systems							X											X										

This page may be copied if more space is required.

Name JUANITA McDONALD	**Page** 5 **of** 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.				x						
	Los Angeles Teachers Credit Union	Loan		X								
JT	Nationsbank	Mortgage on W.129th Street		X								
JT	Cal Fed	Mortgage on W.64th Street		X								
SP	County Employees Credit Union	Loan			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name JUANITA McDONALD	**Page** 6 **of** 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Mbr/Board of Directors	Southern Christian Leadership Conference
Mbr/Board of Directors	National Com. on Teaching and America's Future
Panel Member	National Education Goals Panel

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38-554 (mac)

Use additional sheets if more space is required.

JUANITA MILLENDER-McDONALD
37TH DISTRICT, CALIFORNIA

COMMITTEE ON
TRANSPORTATION AND
INFRASTRUCTURE
SUBCOMMITTEE ON
SURFACE TRANSPORTATION
COMMITTEE ON
SMALL BUSINESS
SUBCOMMITTEES ON
GOVERNMENT PROGRAMS
TAXATION AND FINANCE

FAX

Congreſs of the United States
House of Representatives
Washington, DC 20515–0537
CONGRESSWOMAN JUANITA MILLENDER-MCDONALD

419 CANNON BUILDING
WASHINGTON, DC 20515–0537
(202) 225–7924
FAX (202) 225–7926

ONE CIVIC PLAZA
SUITE 650
CARSON, CA 90745
(310) 549–0537
FAX (310) 549–3810

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U.S. HOUSE OF REPRESENTATIVES

①
✓
MC

Clerk of the House of Representatives
Legislative Resource Center
Room B-106 Cannon HOB
Washington, DC 20515-6612

Re: 1996 Financial Disclosure Statement

Greetings:

This letter is sent to clarify, and to the extent necessary, to amend the Financial Disclosure Statement I filed for 1996.

The clarification relates to the reporting of income from Alpha 2 Omega Systems on Schedule I ("Earned Income"). This income was the gross business income received by the business during the reporting period. It was not earned income to myself. I did not receive any earned income from this business or any other outside source (other than the State of California) during 1996. I would also note that my husband also did not receive any earned income from the business during the reporting period.

The business, Alpha 2 Omega Business Systems, is reported also on Schedule II (Assess and Unearned Income) as a jointly held asset of my husband and myself. I understand that the income to the business (while it was not "unearned" income) could be reported on this schedule with the notation that it was gross income to the business for the period. If this is appropriate, I would also make this clarification to my statement.

Thank you for your time and attention to this matter. Please make this letter part of my public filing of the 1996 Financial Disclosure Statement.

Very truly yours,

Juanita Millender-McDonald

JUANITA MILLENDER-McDONALD
Member of Congress

PRINTED ON RECYCLED PAPER

JUANITA MILLENDER-McDONALD
37TH DISTRICT, CALIFORNIA

COMMITTEE ON
TRANSPORTATION AND
INFRASTRUCTURE
SUBCOMMITTEE ON
SURFACE TRANSPORTATION
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CONGRESSWOMAN JUANITA MILLENDER-MCDONALD

97 JUN 10 AM 10: 57
OFFICE OF THE CLERK

HAND DELIVERED

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515-6612

①
√
MC

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Very truly yours,

Juanita Millender-McDonald

JUANITA MILLENDER-McDONALD
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

97 MAY 15 PM 1:29

⑭

Dan Miller
(Full Name)

102 Cannon HOB
(Mailing Address)
Washington DC 20515

Daytime Telephone
202-225-5015

MC HAND DELIVERED
(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status ☒ Member of the U S House of Representatives — State FL — District 13 ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule I.

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? Yes ☐ No ☒
If yes, complete and attach Schedule II.

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes ☒ No ☐
If yes, complete and attach Schedule III.

IV Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? Yes ☒ No ☐
If yes, complete and attach Schedule IV.

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes ☒ No ☐
If yes, complete and attach Schedule V.

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? Yes ☐ No ☒
If yes, complete and attach Schedule VI.

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? Yes ☒ No ☐
If yes, complete and attach Schedule VII.

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes ☒ No ☐
If yes, complete and attach Schedule VIII.

IX Did you have any reportable agreement or arrangement with an outside entity? Yes ☐ No ☒
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions page 11) Yes ☐ No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 15, 1997

Name Dan Miller | **Page** 2 **of** 14

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Dan Miller

Page 3 **of** 14

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium

A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash , D C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
				$

Name Dan Miller **Page** 4 **of** 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP,	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC, *Examples* SP	123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	Manatech Plastics Inc	$50,001 - $100,000	Dividends	None - $200	NA
	CATS Corp Bonds IRA	$50,001 - $100,000	Interest	None - $200	
	American Century Fund IRA	$1,001 - $15,000	Dividends	None - $200	
	Nationsbank	$50,001 - $100,000	Interest	$1,001 - $2,500	NA
DC	Franklin Templeton Investor	$1,001 - $15,000	Dividends	None - $200	NA
DC	National Fiancial Services Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	210 acres Louisiana	$100,001 - $250,000	Rent	$2,501 - $5,000	
	U S Treasury Notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Smith-Barney Money Market	$15,001 - $50,000	Interest	$1,001 - $2,500	

Name Dan Miller **Page** 5 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Segrest-Miller Corp.	$1,000,001 - $5,000,000	Dividends	$100,001 - $1,000,000	
	Miller Brothers of Manatee	$250,001 - $500,000	Dividends	None - $200	
	Barnett Bank	$1,001 - $15,000	Interest	None - $200	
	Federal National Mortgage	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Pimco Mutual Fund	$15,001 - $50,000	Dividends	$5,001 - $15,000	
	Miller Real Estate	$1,001 - $15,000	Dividends	$2,501 - $5,000	
	Miller Enterprises of Manatee	$1,000,001 - $5,000,000	Dividends	None - $200	
	Suncoast of Manatee, Inc	$1,000,001 - $5,000,000	Dividends	$100,001 - $1,000,000	
	Suncoast is spin-off from Miller Enterprises				
	American Express Notes	$1,001 - $15,000	Interest	$201 - $1,000	
	Phillip Morris Notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
	American Brands Notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Don Miller Development Corp	$250,001 - $500,000	Dividends	None - $200	
	Millers Pier Corp	$100,001 - $250,000	Dividends	None - $200	
	St Louis Revenue Bonds	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	Suncoast Deliveries, Inc	$1,001 - $15,000	Dividends	None - $200	
	Fl Tropical Fish Distributors	$15,001 - $50,000	Dividends	None - $200	
	Federal Home Loan Mortgage	$1,001 - $15,000	Interest	$201 - $1,000	
	First Commerce Corp	$100,001 - $250,000	Dividends	$5,001 - $15,000	
	Congressional Credit Union	$1,001 - $15,000	Interest	None - $200	
	1st National Bank	$50,001 - $100,000	Interest	$2,501 - $5,000	
SP	Katheryn Polk Darsey Trust				
SP	Shell Oil notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Norwest Corp notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Chesapeake Potomac Tel	$15,001 - $50,000	Interest	$1,001 - $2,500	

Name Dan Miller | **Page** 6 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	AT&T notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Pepsico notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	IBM notes	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Fed Home Loan Bank notes	$100,001 - $250,000	Interest	$5,001 - $15,000	
SP	AFLAC Inc	$1,001 - $15,000	Dividends	None - $200	
SP	Abbott Laboratories	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Columbia/HCA	$1,001 - $15,000	Dividends	None - $200	
SP	Electronic Data System	$1,001 - $15,000	Dividends	None - $200	
SP	General Electric	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	GreenTree Financial	$1,001 - $15,000	Dividends	None - $200	
SP	McDonalds	$1,001 - $15,000	Dividends	None - $200	
SP	Oracle	$1,001 - $15,000	Dividends	None - $200	
SP	Pall Corp	$1,001 - $15,000	Dividends	None - $200	
SP	Pepsico	$1,001 - $15,000	Dividends	None - $200	
SP	Pitney-Bowes	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Smith Kline Beecham	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Stryker Corp	$1,001 - $15,000	Dividends	None - $200	
SP	Walgreen Company	$1,001 - $15,000	Dividends	None - $200	
SP	Walt Disney	$1,001 - $15,000	Dividends	None - $200	
	Wachovia Corp notes	$1,001 - $15,000	Interest	None - $200	
SP	Franklin Strategic Mutual Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
SP	Putman Cap Mutual Fund	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	
SP	Putman New Op Mutual Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
	American Bank	None - $1,000	Interest	None - $200	
	Sears Roebuck notes	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Automatic Data Processing	$1,001 - $15,000	Dividends	None - $200	

Name Dan Miller | **Page** 2 of 14

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	NationsFund	-0-	Interest	$201 - $1,000	

Name Dan Miller

Page 8 **of** 14

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Wachovia Corp notes	Purchase	12/17/96	$1,001 - $15,000
	US Treasury Notes	Purchase	9/16/96	$15,001 - $50,000
	Sears Roebuck notes	Sold	9/16/96	$1,001 - $15,000
	Miller Brothers	Sold	1/1/96	$50,001 - $100,000
	US Treasury notes	Sold	12/2/96	$1,001 - $15,000
	Federal National Mortgage	Purchase	12/17/96	$1,001 - $15,000
SP	Kathryn Polk Darsey Trust			
SP	AFLAC	Purchase	1/8/96	$1,001 - $15,000
SP	Automatic Data Processing	Purchase	1/8/96	$1,001 - $15,000
SP	Columbia/HCA Healthcare	Purchase	1/8/96	$1,001 - $15,000
SP	General Electric	Purchase	1/8/96	$1,001 - $15,000
SP	General Motors	Purchase	1/8/96	$1,001 - $15,000
SP	Pitney Bowles	Purchase	1/8/96	$1,001 - $15,000
SP	Smith Kline Beecham	Purchase	1/8/96	$1,001 - $15,000
SP	Walgreen	Purchase	1/8/96	$1,001 - $15,000
SP	Abbott Laboratories	Purchase	2/8/96	$1,001 - $15,000
SP	Lone Star Industries	Sold	2/8/96	$1,001 - $15,000
SP	Pall Corp	Purchase	2/8/96	$1,001 - $15,000
SP	Stryker Corp	Purchase	2/8/96	$1,001 - $15,000
SP	Green Tree Financial	Purchase	4/3/96	$1,001 - $15,000
SP	General Motors Corp	Exchange	6/10/96	$1,001 - $15,000
SP	Electronic Data System	Exchange	6/10/96	$1,001 - $15,000

Name Dan Miller

Page 9 of 14

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	Walt Disney	Purchase	8/7/96	$1,001 - $15,000
SP	Kellogg Co notes	Sold	8/15/96	$15,001 - $50 000
SP	McDonalds Corp	Purchase	10/15/96	$1,001 - $15,000
SP	Oracle Corp	Purchase	10/15/96	$1,001 - $15,000
SP	Pepsico	Purchase	10/15/96	$1,001 - $15,000
	Fl Tropical Fish Distributors	Purchase	1996	$15,001 - $50,000
SP	Putman New Op Mutual Fund	Purchase	3/5/96,4/1/96,5/3/96,6/3/9	$15,001 - $50,000
SP	Franklin Strategic Mutual Fund	Purchase	3/5/96,4/1/96,5/3/96,6/3/9	$15,001 - $50,000
SP	Putman Cap Mutual Fund	Purchase	3/5/96,4/1/96,5/3/96,6/3/9	$15,001 - $50,000

Name Dan Miller | **Page** 10 **of** 14

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse,
or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see
Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Miller Enterprises	Loan	$100,001 - $250,000
	Nationsbank	Loan	$15,001 - $50,000

Name Dan Miller | **Page** 11 of 14

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 in the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule.

For further information, see Instructions, pages 22-24.

	Source	Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None		$

Name Dan Miller	**Page** 12 of 14

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Frank Luntz Seminar	Dec12-13, 1996	Bradenton, FL-Boca Raton, FL Boca Raton, FL-Bradenton, FL	Y	Y	Y	No

Name Dan Miller

Page 13 **of** 14

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Organization
Director	Miller Enterprises
Director	Miller Brothers
Directer	Dan Miller Development
Director	Miller's Pier
Director	Segrist - Miller Corp.
Director	Manatech Plastics

Name Dan Miller

Page 14 **of** 14

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, pages 26-27.

Date	Parties To	Terms of Agreement

GEORGE MILLER
7th District, California
2205 Rayburn House Office Building
Washington, DC 20515–0507
(202) 225–2095
DANIEL WEISS
Administrative Assistant

COMMITTEE ON RESOURCES

COMMITTEE ON EDUCATION
AND THE WORKFORCE

VICE CHAIR
DEMOCRATIC POLICY COMMITTEE

Congreſs of the United States
House of Representatives
Washington, DC 20515–0507

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Richmond, CA 94806
(510) 262-6500

1407 Tennessee St
Vallejo, CA 94590
(707) 645-1888

TTY (202) 225-1904

May 15, 1997

MC

The Clerk, U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6612

Dear Sir:

Enclosed is an original and two copies of my Financial Disclosure Statement for calendar year 1996. Still missing is information in Schedule III, Assets and "Unearned" Income, relating to dates and prices of recently bought and sold stock.

This information will be sent to you as an amendment as soon as it is available to me.

If you have any questions, please do not hesitate to contact me or my staff assistant, Sylvia Arthur, at extension 52095.

Sincerely,

George Miller

GEORGE MILLER
Member of Congress, 7th District

Enc.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

GEORGE MILLER
(Full Name)

2205 Rayburn HOB
Washington, DC 20515
(Mailing Address)

202-225-2095
Daytime Telephone

Filer Status: ☒ Member of the U.S. House of Representatives — State California District 7 ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) ☐ Amendment ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☐ No ☒

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL George Miller

DATE (Month/Day/Year) 5/15/97

Name George Miller

Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	BLOCK A	B: A None – $1,000	B: B $1,001 – $15,000	B: C $15,001 – $50,000	B: D $50,001 – $100,000	B: E $100,001 – $250,000	B: F $250,001 – $500,000	B: G $500,001 – $1,000,000	B: H $1,000,001 – $5,000,000	B: I $5,000,001 – $25,000,000	B: J $25,000,001 – $50,000,000	B: K Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	D: I None – $200	D: II $201 – $1,000	D: III $1,001 – $2 500	D: IV $2,501 – $5,000	D: V $5,001 – $15,000	D: VI $15,001 – $50,000	D: VII $50,001 – $100,000	D: VIII $100,001 – $1,000,000	D: IX $1,000,001 – $5,000,000	D: X Over $5,000,000	E: P, S, E
SP	*Examples* Mega Corp. Stock				X								X							X									P
	123 Main St , Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	127 D St., SE, Wash., DC						X							X										X					
S	IRA Money Market Fund, Charles Schwab Co.		X												X					X									
JT (w/son)	2002 Greene St., Apt. 412, Columbia, S.C. (half interest w/son)				X																								
S	~~Savings Account~~ IRA Account - Charles Schwab Co.		X																										
SP	IRA Account - Charles Schwab Co.		X																										
S	Cong. Fed. Credit Union Savings Acct. Wash., DC - from refinance of 127 D		X																										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GEORGE MILLER

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Sold Warburg Pincus Mutual Fund Date: Price:																												
SP	Bought Strong Growth Mutual Fund Date:______ Price:______																												
S	Sold Supercuts Inc. 100 shares Date:______ Price:______																												
S	Bought Blue Star Battery 300 shares Date:______ Price:______																												

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SCHEDULE V — LIABILITIES

Name GEORGE MILLER	**Page** 4 **of** 5

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Security Mortgage Co., Columbia, S.C.	mortgage on 2002 Greene St., Apt. 412, Columbia, S.C.,			X							
	General Electric Capital Mortgage St. Louis, Missouri (refinance)	mortgage on 127 D St., SE, Wash., DC				X						
	General Electric Capital Home Equity St. Louis, Missouri	home equity on 127 D St., SE, Wash., DC		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name GEORGE MILLER	Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nat'l Indian Gaming Assoc.	Jan. 14	SF - Phoenix - SF	N	Y	N	N
	The Aspen Institute	Feb. 16-19	SF - West Palm Beach - DC	Y	Y	N	N
	B.A.S.S. Inc.	Aug. 7-8	SF - Birmingham, Alabama - SF	Y	Y	N	N
	The Aspen Institute	Aug. 18-24	SF - St. Petersburg, Russia - SF	Y	Y	Y	N
	Society of Environmental Journalists	Oct. 17-18	SF - St. Louis - SF	Y	Y	N	N
	The Aspen Institute	Nov. 7-17	SF - Lisbon - SF	Y	Y	Y	Y

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Washington, DC 20515-0507
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DANIEL WEISS
Administrative Assistant

COMMITTEE ON RESOURCES

COMMITTEE ON EDUCATION
AND THE WORKFORCE

VICE CHAIR
DEMOCRATIC POLICY COMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515-0507

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Vallejo, CA 94590
(707) 645-1888

TTY (202) 225-1904

May 16, 1997

①

√
MC

The Clerk, U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6612

Dear Ms. Carle:

This is to notify you of a correction to my Financial Disclosure Statement for 1996. On page 1, Section III, instead of "no", the answer should be "yes."

If you have any questions, please contact me or my staff assistant, Sylvia Arthur, at extension 52095.

Sincerely,

George Miller

GEORGE MILLER
Member of Congress

GEORGE MILLER
7TH DISTRICT, CALIFORNIA
2205 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–0507
(202) 225–2095
DANIEL WEISS
ADMINISTRATIVE ASSISTANT

COMMITTEE ON RESOURCES

COMMITTEE ON EDUCATION
AND THE WORKFORCE

VICE CHAIR
DEMOCRATIC POLICY COMMITTEE

Congreſs of the United States
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Washington, DC 20515–0507

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1407 TENNESSEE ST
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June 3, 1997

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The Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6612

Dear Ms. Carle:

I am writing to make several corrections to my Financial Disclosure Statement for 1996. Please replace Schedule III, Assets & "Unearned" Income (pages 2 and 3) with the enclosed corrected version of this Schedule. Also enclosed is a new page, Section IV, Transactions.

In addition, on Schedule VII, Travel Payments and Reimbursements, refer to the last item, "The Aspen Institute, Nov. 7-17. The last column, "Any time not at sponsor's expense," should read "5 days."

If you should have any questions, please contact me or my staff assistant, Sylvia Arthur, at extension 52095.

Sincerely,

George Miller

GEORGE MILLER
Member of Congress

Encs.

Name George Miller | **Page** 2 **of** ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	127 D St., SE, Wash., DC						X							X										X					
S	IRA Money Market Fund, Charles Schwab Co.		X																NA										
JT (w/son)	2002 Greene St., Apt. 412, Columbia, S.C. (half interest w/son)				X														None										
S	IRA Account - Charles Schwab Co.		X																NA										
SP	IRA Account - Charles Schwab Co.		X																NA										
S	Cong. Fed. Credit Union Savings Acct. Wash., DC - from refinance of 127 D St.	X													X				X										E

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name George Miller

Page 3 **of** ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	GE Interest Plus Savings Account - transfer from Cong. Fed. Credut Unior			X											X						X								E
S	Greenstar Telecom Inc. 500 shares		X																	None									
S	Supercuts, Inc. 129 shares	X																		None									S
S	New Age Media Fund Inc. 183 shares		X										X							X									
S	Bluestar Battery 300 shares		X																	None									P
SP	Warburg Pincus Fund 109.03 shares		X																	None									S
SP	Strong Growth Fund 119.34 shares		X										X			X			X										P

SCHEDULE IV — TRANSACTIONS

Name George Miller **Page** 4 **of** ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
S	Supercuts, Inc. 29 shares @ $6 and 3/4	X			2/5/96	(0 - $1,000)									
S	Supercuts, Inc. 129 shares @ $7		X		5/14/96	(0 - $1,000)									
S	Bluestar Battery 300 shares @ $2.31	X			5/24/96	(0 - $1,000)									
SP	Warburg Pincus Fund 109.03 shares @ $19.64		X		10/17/96	X									
SP	Strong Growth Fund 119.34 shares @ $19.24	X			10/17/96	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
97 MAY 13 PM 1:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC
HAND DELIVERED
(Office Use Only)

David Minge (Full Name)

RR4 Box 183
Montevideo MN 56265 (Mailing Address)

Daytime Telephone (202) 225-2331

Filer Status	☒ Member of the U.S. House of Representatives	State MN District 2	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 12, 1997

Name David Minge **Page** 2 **of** 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	The Luther Institute	Spouse wages	NA
	Trust U/w Martha S. Gibb	Spouse fees	NA
	Susan and Peter Tweh	Spouse fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name David Minge | Page 2 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT		Block A	B: A None – $1,000	B: B $1,001 – $15,000	B: C $15,001 – $50,000	B: D $50,001 – $100,000	B: E $100,001 – $250,000	B: F $250,001 – $500,000	B: G $500,001 – $1,000,000	B: H $1,000,001 – $5,000,000	B: I $5,000,001 – $25,000,000	B: J $25,000,001 – $50,000,000	B: K Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	D: I None – $200	D: II $201 – $1,000	D: III $1,001 – $2,500	D: IV $2,501 – $5,000	D: V $5,001 – $15,000	D: VI $15,001 – $50,000	D: VII $50,001 – $100,000	D: VIII $100,001 – $1,000,000	D: IX $1,000,001 – $5,000,000	D: X Over $5,000,000	E: P, S, E
SP	Examples	Mega Corp Stock				X								X							X									P
DC		123 Main St., Dover, Del.							X						X											X				
JT		1st Bank of Paducah, KY accounts					X									X							X							
JT		105 acres of land - Montevideo Mn				X									X								X							
JT		home - Montevideo MN				X									X							X								
SP		IRA - Appleton - Prairie State Bk		X												X					X									
		IRA - Maynard - Citizens State Bk		X												X					X									
		IRA - Mutual Shares - Shawmut Bk			X											X							X							
JT		Montevideo Industrial Dev Corp	X													X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Minge

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5 000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1 000,001 – $5 000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	Mountain Lot - Laramie WY		X																X										
SP	Prudential Annuity		X																X										
	Prudential Annuity		X																		X								
	PE[illegible]O Am Cent. 20th Cent Growth				X																		X						
	Bond Fund of America				X																	X							
	TIAA CREF			X															N	A									
SP	Remainder interest house Gaylord MN		X																X										
SP	Lincoln Nat'l Life - annuity		X																N	A									
	GT Global IRA			X															N	A									
	TMCGN Real Estate Partnership		X												X	X							X						S in '92
	Nelson, Oyen, Torvik, Minge, + Gilbertson Law Partnership			X											X	X							X						S in '93
SP	Penn Mutual Flexibly Managed Diversifier II annuity		X																	X									P
	IRA Vanguard Index Trust Gro		/																X										P
JT	IRA [illegible] Equity Index		X																	X									P
JT	T. Rowe Price Short-Term US Gov't		X										X							X									S
JT	Congressional Fed Credit Union		X												X				X										

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* Note [illegible] Financial Disclosure Statement listed PERA State of MN as an [illegible] It is a pension, not an [illegible]

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed).

Name David Minge

Page 5 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Remainder interest - cabin Pine River MN			X															X										
JT	US Treasury Bills			X											X				X										P
	Vanguard Bond Index - Total		X	✓									X							X									P

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SCHEDULE IV — TRANSACTIONS

Name David Minge

Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example* Mega Corporation Common Stock	x			10–12–96		x								
SP	Penn Mutual Diversifier II annuity	X			Various	X									
	IRA - Vanguard Index Trust Growth	X			2-9-96	X									
SP	IRA - T Rowe Price Equity Index	X			2-9-96	X									
JT	T. Rowe Price Short-Term U.S. Gov't		X		Various	X									
JT	US Treasury Bills	X			Various		X								
JT	Vanguard Bond Index - Total	X			Various	X									

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Name David Minge

Page 7 of 7

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
U.S. Japan Friendship Comm.	Nov. 12-17	Mpls. MN - Tokyo - WashDC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

RECEIVED
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97 MAY 14 PM 2:45
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(9)

PATSY T. MINK
(Full Name)

2135 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

225-4906
Daytime Telephone

Filer Status ☒ Member of the U S House of Representatives State HAWAII District 2nd ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☒ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☒ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) Yes ☐ No ☒

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Patsy T. Mink

DATE (Month/Day/Year) May 14, 1997

Name Patsy T. Mink | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	JOHN F. MINK, Spouse, MINK and Yuen, Inc Vice President Subchapter S Corp.	Professional	NA
	John F. Mink, Spouse, George A.L. Yuen and Associates Partner	Professional	NA
	Patsy T. Mink State of Hawaii Retirement System	Retirement Income	$10,000

For payments to charity in lieu of honoraria, use Schedule II.

Name Patsy T. Mink

Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Patsy T. Mink

Page 3 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	B: A None – $1,000	B: B $1,001 – $15,000	B: C $15,001 – $50,000	B: D $50,001 – $100,000	B: E $100,001 – $250,000	B: F $250,001 – $500,000	B: G $500,001 – $1,000,000	B: H $1,000,001 – $5,000,000	B: I $5,000,001 – $25,000,000	B: J $25,000,001 – $50,000,000	B: K Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	D: I None – $200	D: II $201 – $1,000	D: III $1,001 – $2,500	D: IV $2,501 – $5,000	D: V $5,001 – $15,000	D: VI $15,001 – $50,000	D: VII $50,001 – $100,000	D: VIII $100,001 – $1,000,000	D: IX $1,000,001 – $5,000,000	D: X Over $5,000,000	E: P, S, E
Examples SP	Mega Corp Stock				X								X							X									P
Examples	123 Main St, Dover, Del							X						X											X				
Examples	1st Bank of Paducah, KY accounts					X									X							X							
SP	Bank of Hawaii 903-214702 Keogh Pl						X						no income						NA – Retirement										
Sp	Merrill Lynch SEP Acct 14583037					X							no income						NA – Retirement										
Jt	Bank of Hawaii (checking, 2 IRA's			X											X						X						2 IRA's – NA		
Sp	Dean Witter Accounts (2)				X										X					X			Retirement Accounts						
Jt	Central Pacific Bank (Wendy)		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Patsy T. Mink

Page 4 of 8

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Keystone America Income Fund			X											X						X								
JT	Alexander & Baldwin Stock			X									X								X								
Sp	Equitable Life Assurance Policy		X										X		X					X									
•	Prudential Life Insurance Pol		X										no income						X										
	Patsy T. Mink Campaign Loans to Campaign Committee					X							no income						X										
JT	Congressional Credit Union Savings & Checking Accounts 9620110			X											X					X									
JT ~~Sp~~	Putnam Investments Tax Exempt 033374511		X										X							X									
Sp	Bank of America checking		X												X				X										
	Bank of America IRA 64985-51426		X																										
JT	Central Pacific Bank IRA 01-94899-4		X										no income						X										NEW
JT	Central Pacific Bank Checking 0148956-9 0148957-7				X										X					X									NEW

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Patsy T. Mink

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	None														

This page may be copied if more space is required.

Name Patsy T. Mink | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.				X						
	None	None										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Patsy T. Mink | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash , D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Council on Foundations 1828 L Street NW Washington DC 20036	April 22, 1996	Honolulu - Atlanta - Wash DC (same day)	N	N	N	N
	Bowdoin College Brunswick, Maine for Asian Pacific Month	March 2, 1996	Wash DC - Portland ME - Wash DC (same day)	N	N	Y - husband	N
	Asian Pacific American Legal and Education Foundation New York City, NY to receive an award	Feb 12, 1996	Wash DC - NY City - Wash DC (overnight) Mr. & Mrs Mink paid for their transportation	Y	Y	Y - husband	N

This page may be copied if more space is required.

Name Patsy T. Mink	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Vice President (honorary)	Americans for Democratic Action (unpaid) Political
Chair	Congressional Asian Pacific American Caucus (unpaid)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27

Date	Parties To	Terms of Agreement
Jan 1987	State of Hawaii Retirement System	Retirement and Health Benefits

Use additional sheets if more space is required.

(4)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 2:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

John Joseph Moakley (Full Name)

235 Cannon HOB.
Washington, D.C. 20515 (Mailing Address)

Daytime Telephone 202-225-827

Filer Status: ☒ Member of the U S House of Representatives — State MA District 9th — ☐ Officer or Employee — Employing Office

Report Type: ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date

A **$200 penalty** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes ☒ No ☐

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No ☒

III Did you, your spouse or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☒ No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☒ No ☒

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☐ No ☒

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☒

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☐ No ☒

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☐ No ☒

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.) — Yes ☐ No ☒

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Joe Moakley

DATE (Month/Day/Year) May 14, 1997

Name John Joseph Moakley

Page 1 of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Massachusetts	Legislative Pension	$7,595
	U. S. Veterans Administration	Disability	$1,132
	Social Security	GT. Pension	$16,200

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Joseph Moakley

Page 2 of 3

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP., DC., JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples* Mega Corp Stock				X								X							X									P
	123 Main St , Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
S	Cong. Fed. Credit Union S.V. B/C		X												X					X									
S	Mt. Washington Bank of Boston				X										X						X								
S	Metropolitan Life Ins. Warwick RI		X										X		\				X										
S	John Hancock Mutual Life, Boston, MA			X											X					X									
S	Bank of Boston		X												X					X									
S	Bank of Boston		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Joseph Moakley

Page 3 of 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	Putnam Growth & Income			X									X							X									
S	Putnam Fund		X										X							X									

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GERALD B.H. SOLOMON, NEW YORK
CHAIRMAN

DAVID DREIER, CALIFORNIA
PORTER GOSS, FLORIDA
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SUE MYRICK, NORTH CAROLINA

WILLIAM D. CROSBY, JR., CHIEF COUNSEL
DANIEL J. KENIRY, STAFF DIRECTOR
(202) 225-9191

Committee on Rules
U.S. House of Representatives
H-312 The Capitol
Washington, DC 20515-6269

ONE HUNDRED FIFTH CONGRESS

JOHN JOSEPH MOAKLEY, MASSACHUSETTS
RANKING MINORITY MEMBER

MARTIN FROST, TEXAS
TONY P. HALL, OHIO
LOUISE M. SLAUGHTER, NEW YORK

GEORGE C. CRAWFORD, MINORITY STAFF DIRECTOR

MINORITY OFFICE
234 CANNON HOUSE OFFICE BUILDING
(202) 225-9486

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97 JUN 10 PM 2:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

June 10, 1997

6

✓
MC

The Honorable Robin H. Carle
Clerk of the House of Representatives
U.S. House of Representatives
Legislative Resource Center
B-106 Cannon HOB
Washington, D.C. 20515

Dear Madam Clerk:

I am submitting an amendment to my 1996 Financial Disclosure Statement. I am submitting Schedule IV that lists: (1) the purchase of Putnam Growth and Income Fund on July 24, 1996; (2) the sale of Century Shares Trust on September 9, 1996; and, (3) the purchase of Legg Mason Money Market on September 26, 1996.

In addition, I would note that on Schedule III of the original submission the listing of the Putman Fund was in error. That listing should have been the Legg Mason Money Market fund that appears on Schedule IV. Accordingly, I have enclosed an amendment to Schedule III that corrects this error. The amended Schedule III also reflects: (1) the income derived from the Legg Mason account; (2) the purchase of the Putman Growth and Income; and (3) the income derived from, as well as the sale of , Century Shares Trust.

I am submitting Schedule VII to reflect a trip taken in July 1996. This is the same trip disclosed on the Member/Office Travel Disclosure Form submitted to your office on July 29, 1996. Finally, I have deleted an erroneous listing of Social Security payments on Schedule I. Those payments did not occur in 1996, having started in 1997.

If you have any questions, please do not hesitate to call me.

Sincerely,

Joe Moakley

John Joseph Moakley

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 JUN 10 PM 2:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

JOHN JOSEPH MOAKLEY (Full Name)
235 CANNON HOB (Mailing Address)
WASH D.C. 20515
Daytime Telephone 202-225-8273

Filer Status	☑ Member of the U.S. House of Representatives State ____ District ____	☐ Officer or Employee	Employing Office ____
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Joe Moakley

DATE (Month/Day/Year) 06/04/97

Name John Joseph Moakley | Page 1 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Massachusetts	Legislative Pension	$ 7,595
	U. S. Veterans Administration	Disability	$ 1,132
	[redacted]	[redacted]	[redacted]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOE MOAKLEY

Page ___ of ___

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Examples	SP Mega Corp Stock				X							
		123 Main St., Dover, Del							X				
		1st Bank of Paducah, KY accounts					X						
		LEGG MASON MONEY MARKET		X									
		PUTNAM GROWTH + INCOME			X								
		CENTURY SHARES TRUST	X		[illegible]								

Block A	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST
SP Mega Corp Stock	X					
123 Main St., Dover, Del		X				
1st Bank of Paducah, KY accounts			X			
LEGG MASON MONEY MARKET	X					
PUTNAM GROWTH + INCOME	X					
CENTURY SHARES TRUST	X					

Block A	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP Mega Corp Stock		X									P
123 Main St., Dover, Del							X				
1st Bank of Paducah, KY accounts				X							
LEGG MASON MONEY MARKET		X									P
PUTNAM GROWTH + INCOME		X									P
CENTURY SHARES TRUST		X									S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name JOE MOAKLEY

Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-96		X								
	PUTNAM GROWTH AND INCOME	X			7-24-96		X								
	CENTURY SHARES TRUST		X		9-9-96	X									
	LEGG MASON MONEY MARKET	X			9-26-96	X									

This page may be copied if more space is required.

Name JOE MOAKLEY

Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash , D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	INVEST TO COMPETE ALLIANCE	7/6-7/8	CHATHAM, MA.	Y	Y	N	Y - 1 DAY

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GERALD B.H. SOLOMON, NEW YORK
CHAIRMAN

DAVID DREIER, CALIFORNIA
PORTER GOSS, FLORIDA
JOHN LINDER, GEORGIA
DEBORAH PRYCE, OHIO
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DOC HASTINGS, WASHINGTON
SUE MYRICK, NORTH CAROLINA

WILLIAM D. CROSBY, JR., CHIEF COUNSEL
DANIEL J. KENIRY, STAFF DIRECTOR
(202) 225-9191

Committee on Rules
U.S. House of Representatives
H-312 The Capitol
Washington, DC 20515-6269

ONE HUNDRED FIFTH CONGRESS

JOHN JOSEPH MOAKLEY, MASSACHUSETTS
RANKING MINORITY MEMBER

MARTIN FROST, TEXAS
TONY P. HALL, OHIO
LOUISE M. SLAUGHTER, NEW YORK

GEORGE C. CRAWFORD, MINORITY STAFF DIRECTOR

MINORITY OFFICE
234 CANNON HOUSE OFFICE BUILDING
(202) 225-9486

97 JUN 12 PM 2:54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

June 12, 1997

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✓
MC

The Honorable Robin H. Carle
Clerk of the House of Representatives
U.S. House of Representatives
Legislative Resource Center
B-106 Cannon HOB
Washington, D.C. 20515

Dear Madam Clerk:

I am submitting a further amendment to my 1996 Financial Disclosure Statement. I am submitting an additional Schedule VII that reflects a trip taken from January 17-19, 1996.

If you have any questions, please do not hesitate to call me.

Sincerely,

J Moakley

John Joseph Moakley

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A

For use by Members, officers and employees

97 JUN 12 PM 2:54

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

JOHN JOSEPH MOAKLEY (Full Name)

235 CANNON HOB
WASH DC 20515 (Mailing Address)

Daytime Telephone 202-225-8273

Filer Status: ☐ Member of the U.S. House of Representatives State ___ District ___ ☐ Officer or Employee Employing Office ___

Report Type: ☐ Annual (May 15) ☒ Amendment ☐ Termination Termination Date ___

A **$200 *penalty*** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes ☐ No ☐

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes ☐ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes ☐ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes ☐ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No ☐

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes ☒ No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes ☐ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes ☐ No ☐

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes ☐ No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Joe Moakley

DATE (Month/Day/Year): 06/12/97

Name JOE MOAKLEY	Page of

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	ABC FORUM ON CUBA	JAN 17 -19	WASH DC - ~~[illegible]~~ HAVANA - WASH DC	Y	Y	N	N

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13

97 MAY 15 PM 3:14

HAND DELIVERED

Mc

SUSAN MOLINARI
460 Clawson Street
Staten Island, NY 10306

May 8, 1997

The Clerk
US House of Representative
Legislative Resource Center
B106 Cannon Office Building
Washington, DC 20515

Madam Clerk:

In accordance with the rules of the House of Representatives, I enclose my financial disclosure forms for calendar year 1996.

As spouses are required to disclose certain information as well, attached is a copy of the financial disclosure forms for my husband, Representative Bill Paxon.

Sincerely,

Susan Molinari

97 MAY 15 PM 3:14 (13)

OFFICE OF THE CLERK
U S HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

Susan Molinari
(Full Name)

460 Clawson Street
(Mailing Address)

Staten Island NY 10306

Daytime Telephone: 202 225-3371

Filer Status	☒ Member of the U S House of Representatives	State: NY District: 13	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S C. app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Susan Molinari

DATE (Month/Day/Year) 5-14-97

Name Susan Molinari

Page 2 **of** 7

SCHEDULE I -- EARNED INCOME

List the source, type and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	See Spousal Disclosure		

For payments to charity in lieu of honoraria, use Schedule II.

Name Susan Molinari

Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D C	Speech	Feb 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	CNBC - Washington, DC	Guest Host/Interview	Jan 29, 1996	$600.00

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Name Susan Molinari | **Page** 4 **of** 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP,	Mega Corp Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
DC,	*Examples.* SP 123 Main St , Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	460 Clawson St SI NY 10306	$100,001 - $250,000	Rent	$5,001 - $15,000	NA
SP	See Spousal Disclosure				

Name Susan Molinari

Page 5 of 7

SCHEDULE V -- LIABILITIES

Report liabilities of over $10 000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
SP	See Spousal Disclosure		

Name Susan Molinari | **Page** 6 **of** 7

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Glamour Magazine	Nov 11 -12	Sarasota Fl - New York - Sarasota	Y	Y	N	NO
	See Spousal Disclosure						

Name Susan Molinari

Page 7 of 7

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Board Member	March of Dimes, Staten Island Chapter
Member	Public Affairs Committee, Greater NYC March of Dimes
Board Member	Wagner College

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

Form A
For use by Members, officers, and employees

L William Paxon
(Full Name)

251 Wedgewood Drive
(Mailing Address)
Williamsville NY 14221

Daytime Telephone
202/225-5265

(Office Use Only)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	☒ Member of the U S House of Representatives	State NY District 27	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒
III Did you, your spouse or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes ☐ No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐ No ☒

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SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/97

Name L William Paxon	**Page** 2 **of** 5

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US House of Representatives (voluntary disclosure)	Salary	$133,258
	US House of Representatives	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name L William Paxon | Page 3 of 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000 For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
	For further information, see Instructions, pages 14-20				
SP.	Mega Corp Stock	$15,001 - $50 000	Dividends	$201 - $1,000	P
DC	*Examples* SP 123 Main St Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
JT	1st Bank of Paducah, KY accounts	$50,001 - $100 000	Interest	$5,001 - $15 000	
	Thrift Savings Retirement Plan (voluntary disclosure $145 835 90)	$100,001 - $250 000	Dividends	NA	
	1993 Ford Tempo (voluntary disclosure $5,675)	$1,001 - $15,000	NA	NA	
	Personal residence - 251 Wedgewood Drive (voluntary disclosure) Estimated Value $160,000 Owed to Mellon Mortgage $105,305 Mellon Escrow Account Balance. $1,863. Escrow Account Interest $45	$100,001 - $250 000	Interest	None - $200	
JT	Residential Property - 511 Woodland Terrance, Alexandria, VA 22302 (voluntary disclosure) Estimated Value - $400,000 Owed to American Home Funding $364,879 Escrow Balance $923	$250,001 - $500,000	NA	NA	
	Spousal assets are disclosed on attached filing				

Name L William Paxon

Page 4 **of** 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000 For further information, see instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del	$100,001 - $250,000
	Mellon Mortgage, Houston, TX (Voluntary disclosure $105,305)	Mortgage/Personal Residence 251 Wedgewood Drive, Williamsville, NY	$100,001 - $250,000
JT	American Home Funding, Richmond, VA (voluntary disclosure $364,879)	Mortgage/Residential Property 511 Woodland Terrace, Alexandria, VA	$250,001 - $500,000

Name L William Paxon | **Page** 5 of 5

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you For further information, see Instructions, pages 24-26

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
	Asia Pacific Exchange Foundation	Dec 2-13	Buffalo-Beijing-Guangzhou-Hong Kong-Myanmar-Singapore-Buffalo (voluntarily disclosed cost of $9050)	Y	Y	N	No
	Spousal travel disclosed on attached filing						

(8)

97 MAY 15 PM 5:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Alan B. Mollohan (Full Name)

2346 Rayburn Building
Washington, DC 20515 (Mailing Address)

202/225-4172 (Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representatives State WV District 1st ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Alan B. Mollohan

DATE (Month/Day/Year) 5-15-97

Name Alan B. Mollohan	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Ricards International Inc. - Infoteq	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Alan B. Mollohan **Page** 3 **of** 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Rental property-601 24th St NW #206, Washington, DC 20037				X									X										X					
JT	Rental property-601 24th St NW #706, Washington, DC 20037					X								X										X					
JT	Rental property-601 24th St NW #203, Washington, DC 20037				X									X										X					P
JT	Rental property-60 G St SW, Washington, DC 20024					X								X									X						
JT	50% ownership/Remington, Inc.			X										X					X										P
SP	City of Fairmont, WV Sewer Revenue Bonds			X											X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Alan B. Mollohan

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Kanawha County, WV Building Revenue Bonds			X											X					X									
SP	WV Ins. Hospital Revenue Bonds		X												X					X									
SP	WV Hospital Finance Authority Bonds			X											X						X								
SP	PaineWebber Money Fund	X													X				X										
SP	1/5 int. coal, oil & gas 6.5ac Linn Lick, Center Dist. Gilmer	X											ROYALTY						X										
SP	1/5 int. coal, oil & gas 27ac Linn Lick, Center Dist. Gilmer	X											ROYALTY						X										
SP	3.33% int. oil & gas 35c. Bull Fork, DeKalb Dist, Gilmer		X										ROYALTY						X										
SP	5/32 int. oil & gas 242ac NS Kanawha, Glenville Dist, Gilmer			X									ROYALTY								X								
SP	PaineWebber Putnam Global Growth IRA		X																										
	PaineWebber Retirement Fund:																												
	200 shrs Bristol Myers Squibb	X																											S
	1000 shrs Equitable Cos. Inc.	X																											S
	1000 shrs Noram Energy Corp.	X																											S
	1000 shrs Navistar Intl Corp.	X																											S
	1000 Darden Restaurants	X																											S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Alan B. Mollohan

Page 5 **of** 8

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	PaineWebber Retirement Fund (continued):																												
	300 shrs St. Joe Paper Corp	X																											S

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Name Alan B. Mollohan

Page 6 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–96		X								
JT	Rental property-601 24th St NW #203, Washington, DC 20037	X			2-6-96			X							
JT	Remington, Inc. stock purchase	X			7-3-96		X								
	PaineWebber Retirement Fund:														
	Equitable Cos., Inc.		X		1-23-96	X									
	Noram Energy Corp.		X		1-23-96	X									
	Darden Restaurants		X		1-23-96	X									
	Equitable Cos., Inc.		X		2-21-96	X									
	Bristol Myers Squibb		X		2-21-96		X								
	St. Joe Paper Corp.		X		6-10-96		X								
	Navistar Intl Corp.		X		6-10-96	X									

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Name Alan B. Mollohan

Page 7 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	ComNet Mortgage Services	Mortgage-601 24th St NW #206, WDC 20037			X							
JT	Harbor Financial Mortgage Corp.	Mortgage-601 24th St NW #706, WDC 20037			X							
JT	Ohio Savings Bank, F.S. B.	Mortgage-601 24th St NW #203, WDE 20037			X							
JT	GE Capital Mortgage Services	Mortgage-60 G St SW, WDC 20024				X						
JT	Huntington National Bank	Revolving credit line		X								

(continued on following page)

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Alan B. Mollohan	Page 8 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Huntington National Bank	Loan against WV bonds		X								
	FERS Thrift Savings	Loan for children's educations	X									
	FERS Thrift Savings	Second loan for children's educations		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

(17)

97 MAY 15 AM 10:14
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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

JAMES P. MORAN, JR.
(Full Name)

205 West Uhler Terrace, Alexandria, Virginia 22301
(Mailing Address)

202-225-4376
(Daytime Telephone)

Filer Status ☒ Member of the U S House of Representatives — State VA District 8th — ☐ Officer or Employee — Employing Office

Report Type ☒ Annual (May 15) — ☐ Amendment — ☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS— Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL James Moran

DATE (Month/Day/Year) May 15, 1997

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Name James P. Moran, Jr.

Page ___ of ___

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in “unearned” income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be “None.”

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in “NA” for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT			BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Examples	SP	Mega Corp. Stock				X								X							X									P
			123 Main St., Dover, Del.							X						X											X				
			1st Bank of Paducah, KY accounts					X									X							X							
JT			Rental property, 104 Senate					X								X									X						
			Circle, King George, VA																												
			Capital One Financial Corp.		X										X						NA										S
			Crestar Financial Corp.		X										X						NA										S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name James P. Moran, Jr.

Page ___ **of** ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	x			10–12–96		x								
	Capital One Financial Corp. stock		X		6-96	X									
	Crestar Financial Corp. stock		X		6-96	X									
	See attached list of additional transactions														

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Name JAMES P. MORAN, JR.

Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

			Amount of Liability									
SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	First Virginia Bank	Mortgage on 104 Senate				X						
		Circle, King George, VA										
JT	MBNA, Inc.	Revolving credit card acct.		X								
JT	First USA	Revolving credit card	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name JAMES P. MORAN, JR. Page __ of __

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Center for Middle East Peace and Economic Cooperation		1/12/96-1/20/96	Wash.-New York-AbuDhabi-UAE-Kuwait-Saudi Arabia-Israel-New York-Wash.	Y	Y	N	N
Democratic Leadership Council		5/2/96-5/5/96	Wash.-New Orleans-Wash.	Y	Y	N	N

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Account Number: 038-993150

Taxpayer Identification Number 030-32-3146

Statement for the account of:

JAMES P MORAN JR AND
MARY MORAN JTTEN

1996

YOUR TAX INFORMATION STATEMENT

	Amount
Equity Options Transactions	
Cost of Equity Option Purchases	11,481.25
Equity Options Proceeds and Expirations	19,508.04
Margin Interest Expense Charged to Your Account	21.37

Form 1099-B

REGULATED FUTURES CONTRACTS

PROFIT OR (LOSS) REALIZED IN 1996

Description	Expiration Date/ Strike Price	Closing Trade/ Process Date	Number of Contracts	Buy/Sell /Expire	Opening Contract Amount	Closing Contract Amount	Realized Profit/(Loss) (Box 6)	Federal Income Tax Withheld (Box 4)
PUT 100 S & P	EXP 02-17-96 @ 620	02/05/1996	10	Sell	4,840.07	1,671.44	(3,168.63)	.00
500 INDEX		02/09/1996	10	Sell	3,076.29	421.48	(2,654.81)	.00
CUSIP: 6488159ND								
					7,916.36	2,092.92	(5,823.44)	
PUT 100 S & P 500 INDEX CUSIP: 6488159NF	EXP 02-17-96 @ 630	02/14/1996	6	Sell	2,466.50	45.99	(2,420.51)	.00
CALL 100 S & P 100 INDEX CUSIP: 7837909GB	EXP 07-20-96 @ 610	07/17/1996	20	Sell	4,106.66	8,108.98	4,002.32	.00
CALL 100 S & P	EXP 07-20-96 @ 615	07/18/1996	20	Sell	5,360.60	11,585.80	6,225.20	.00
100 INDEX		07/18/1996	5	Sell	1,340.29	2,897.32	1,557.03	.00
CUSIP: 7837909GC		07/19/1996	25	Sell	5,755.83	5,198.82	(557.01)	.00

Account Number: 038-993150

Taxpayer Identification Number 030-32-3146

Statement for the account of:

JAMES P MORAN JR AND
MARY MORAN JTTEN

1996

YOUR TAX INFORMATION STATEMENT

Form 1099-B

REGULATED FUTURES CONTRACTS

PROFIT OR (LOSS) REALIZED IN 1996

Description	Expiration Date/ Strike Price	Closing Trade/ Process Date	Number of Contracts	Buy/Sell /Expire	Opening Contract Amount	Closing Contract Amount	Realized Profit/(Loss) (Box 6)	Federal Income Tax Withheld (Box 4)
					12,456.72	19,681.94	7,225.22	
CALL 100 S & P 100 INDEX CUSIP: 7837909HI	EXP 08-17-96 @ 645	08/14/1996	10	Sell	3,832.19	1,796.43	(2,035.76)	.00
		08/15/1996	5	Sell	1,540.35	1,155.20	(385.15)	.00
		08/19/1996	15	Expire	4,868.90	.00	(4,868.90)	.00
					10,241.44	2,951.63	(7,289.81)	
CALL 100 S & P 100 INDEX CUSIP: 7837909JP	EXP 10-19-96 @ 680	10/04/1996	2	Sell	838.50	1,082.28	243.78	.00
		10/11/1996	2	Sell	939.30	596.48	(342.82)	.00
					1,777.80	1,678.76	(99.04)	
CALL 100 S & P 100 INDEX CUSIP: 7837909JQ	EXP 10-19-96 @ 685	10/11/1996	2	Buy	120.49	291.00	(170.51)	.00
CALL 100 S & P 100 INDEX CUSIP: 7837909KB	EXP 11-16-96 @ 710	11/15/1996	1	Sell	264.00	285.98	21.98	.00
PUT 100 S & P 100 INDEX CUSIP: 7837909NA	EXP 02-17-96 @ 605	02/09/1996	5	Sell	2,563.50	421.48	(2,142.02)	.00

1996

YOUR TAX INFORMATION STATEMENT

Account Number: 038-993150

Taxpayer Identification Number: 030-32-3146

Statement for the account of:

JAMES P MORAN JR AND
MARY MORAN JTTEN

Form 1099-B

REGULATED FUTURES CONTRACTS

PROFIT OR (LOSS) REALIZED IN 1996

Description	*Expiration Date/ Strike Price*	*Closing Trade/ Process Date*	*Number of Contracts*	*Buy/Sell /Expire*	*Opening Contract Amount*	*Closing Contract Amount*	*Realized Profit/(Loss) (Box 6)*	*Federal Income Tax Withheld (Box 4)*
PUT 100 S & P 100 INDEX CUSIP: 7837909NE	EXP 02-17-96 @ 625	02/16/1996	10	Sell	3,844.70	4,429.21	584.51	.00
		02/16/1996	10	Sell	3,941.20	4,175.72	234.52	.00
					7,785.90	8,604.93	819.03	
PUT 100 S & P 100 INDEX CUSIP: 7837909NF	EXP 02-17-96 @ 630	02/15/1996	10	Sell	3,016.00	5,671.30	2,655.30	.00
PUT 100 S & P 100 INDEX CUSIP: 7837909NS	EXP 02-17-96 @ 595	02/09/1996	10	Sell	3,076.29	608.97	(2,467.32)	.00
PUT 100 S & P 100 INDEX CUSIP: 7837909NT	EXP 02-17-96 @ 600	02/09/1996	5	Sell	2,557.35	342.73	(2,214.62)	.00
PUT 100 S & P 100 INDEX CUSIP: 7837909OC	EXP 03-16-96 @ 615	03/14/1996	15	Sell	9,624.23	1,042.71	(8,581.52)	.00
		03/14/1996	5	Sell	1,508.00	348.74	(1,159.26)	.00
					11,132.23	1,391.45	(9,740.78)	
PUT 100 S & P 100 INDEX	EXP 03-16-96 @ 600	03/12/1996	10	Buy	2,923.61	1,828.50	1,095.11	.00

Account Number: 038-993150

Statement for the account of:

Taxpayer Identification Number 030-32-3146

JAMES P MORAN JR AND
MARY MORAN JTTEN

1996

YOUR TAX INFORMATION STATEMENT

Form 1099-B

REGULATED FUTURES CONTRACTS

PROFIT OR (LOSS) REALIZED IN 1996

Description	*Expiration Date/ Strike Price*	*Closing Trade/ Process Date*	*Number of Contracts*	*Buy/Sell /Expire*	*Opening Contract Amount*	*Closing Contract Amount*	*Realized Profit/(Loss) (Box 6)*	*Federal Income Tax Withheld (Box 4)*
CUSIP: 7837909OT								
PUT 100 S & P 100 INDEX CUSIP: 7837909TB	EXP 08-17-96 @ 610	07/30/1996	20	Sell	16,959.27	24,400.74	7,441.47	.00
		08/02/1996	24	Sell	20,945.28	4,981.13	(15,964.15)	.00
		08/02/1996	1	Sell	872.73	207.69	(665.04)	.00
					38,777.28	29,589.56	(9,187.72)	
PUT 100 S & P 100 INDEX CUSIP: 7837909UH	EXP 09-21-96 @ 640	09/13/1996	5	Sell	2,188.50	436.48	(1,752.02)	.00
PUT 100 S & P 100 INDEX CUSIP: 7837909UK	EXP 09-21-96 @ 655	09/19/1996	10	Sell	1,580.30	421.48	(1,158.82)	.00
PUT 100 S & P 100 INDEX CUSIP: 7837909VN	EXP 10-19-96 @ 670	10/09/1996	2	Sell	1,063.50	561.48	(502.02)	.00

[redacted]

STATEMENT

[redacted]

Form 1099-B

REGULATED FUTURES CONTRACTS

PROFIT OR (LOSS) REALIZED IN 1996

Description	*Expiration Date/ Strike Price*	*Closing Trade/ Process Date*	*Number of Contracts*	*Buy/Sell /Expire*	*Opening Contract Amount*	*Closing Contract Amount*	*Realized Profit/(Loss) (Box 6)*	*Federal Income Tax Withheld (Box 4)*
PUT 100 S & P 100 INDEX **CUSIP: 7837989WC**	EXP 11-16-96 @ 715	-11/15/1996	1	Sell	170.25	185.99	15.74	.00
Total							(29,133.93)	.00
							(Box 9)	
Aggregate Profit or (Loss)							(29,133.93)	
Total Federal Income Tax Withheld on Regulated Futures Contracts								.00

Account Number: 038-993150

Taxpayer Identification Number 030-32-3146

Statement for the account of:

JAMES P MORAN JR AND
MARY MORAN JTTEN

1996

YOUR TAX INFORMATION STATEMENT

[redacted]

EQUITY OPTIONS TRANSACTIONS

Description	*Expiration Date/ Strike Price*	*Trade/Process Date*	*Transaction Type*	*Quantity*	*Purchase Amount*	*Proceeds*
CALL 100 ATLANTIC RICHFIELD CO. CUSIP: 0488259GD	EXP 07-20-96 @ 120	07/17/1996 07/19/1996 07/19/1996 07/19/1996	Buy Open Sell Close Sell Close Sell Close	30 9 20 1	2,058.22	68.49 35.01 7.99 111.49
PUT 100 COMPAQ COMPUTERS CUSIP: 2044939SW	EXP 07-20-96@ 47 1/2	07/05/1996 07/11/1996 07/11/1996	Buy Open Sell Close Sell Close	20 10 10	1,608.50	2,692.36 2,688.88 5,381.24
PUT 100 HEWLETT PACKARD CUSIP: 4282369SR	EXP 07-20-96 @ 90	07/05/1996 07/11/1996	Buy Open Sell Close	10 10	2,078.50	11,296.12
PUT 100 INT'L BUSINESS MACHINE CUSIP: 4592009TA	EXP 08-17-96 @ 105	07/29/1996 08/19/1996	Buy Open Expiration	10 10	3,100.55	.00
PUT 100 INT'L BUSINESS MACHINE CUSIP: 4592009TB	EXP 08-17-96 @ 110	08/07/1996 08/09/1996	Buy Open Sell Close	10 10	1,328.50	530.53
PUT 100 INT'L BUSINESS MACHINE CUSIP: 4592009XI	EXP 12-21-96 @ 145	11/20/1996 11/22/1996	Buy Open Sell Close	1 1	251.50	79.74

Account Number: 038-993150

Taxpayer Identification
Number: 030-32-3146

Statement for the account of:

JAMES P MORAN JR AND
MARY MORAN JTTEN

1996

YOUR TAX INFORMATION
STATEMENT

EQUITY OPTIONS TRANSACTIONS

(Continued)

Description	*Expiration Date/ Strike Price*	*Trade/Process Date*	*Transaction Type*	*Quantity*	*Purchase Amount*	*Proceeds*
PUT 100 PHILLIP MORRIS COS., INC. **CUSIP: 7181549ST**	EXP 07-20-96 @ 100	07/10/1996 07/16/1996	Buy Open Sell Close	10 10	1,055.48	 2,108.92
Total					11,481.25	19,508.04

IMPORTANT TAX DOCUMENT

Account Number 071-330249-064 JAMES P MORAN Tax Period 01/01/96 to 12/31/96

SUMMARY INFORMATION SECTION

DIVIDENDS AND DISTRIBUTIONS SUMMARY

ORDINARY DIVIDENDS

DAILY CASH ACCUMULATION FUND	50.39	TOTAL	50.39

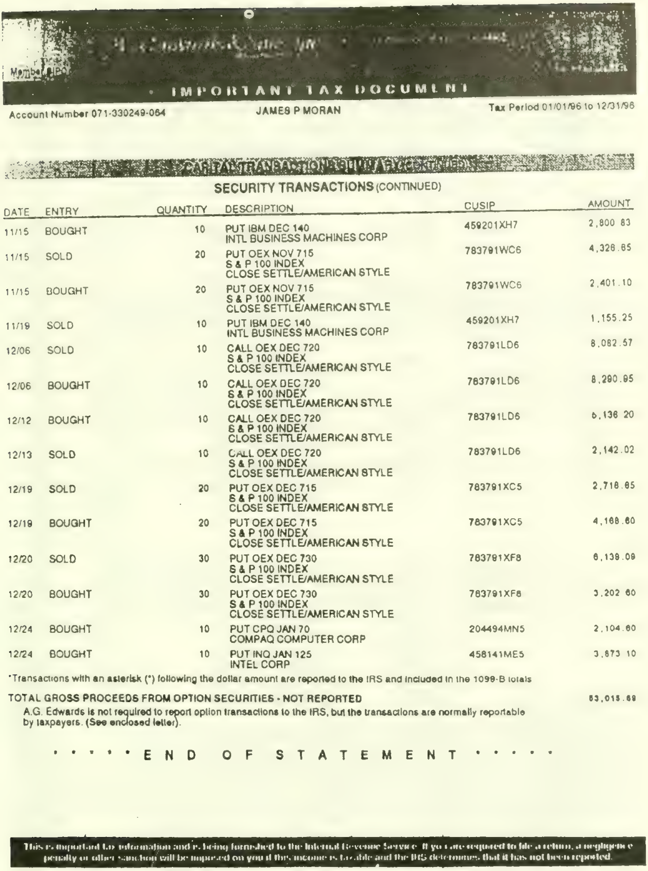
CAPITAL TRANSACTIONS SUMMARY

SECURITY TRANSACTIONS

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
10/30	BOUGHT	10	PUT BA NOV 95 BOEING COMPANY	097024WS8	2,357.90
10/31	SOLD	10	PUT BA NOV 95 BOEING COMPANY	097024WS8	1,848.64
10/31	BOUGHT	20	CALL SLB NOV 100 SCHLUMBERGER LTD	806858KT2	4,547.05
11/04	BOUGHT	7	CALL OEX NOV 685 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791KQ8	4,750.04
11/07	SOLD	7	CALL OEX NOV 685 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791KQ8	13,278.39
11/07	SOLD	20	CALL SLB NOV 100 SCHLUMBERGER LTD	806858KT2	2,345.11
11/11	BOUGHT	30	PUT OEX NOV 705 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791WA0	8,839.25
11/11	BOUGHT	10	PUT OEX NOV 710 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791WB8	4,630.00
11/13	BOUGHT	8	PUT MSQ NOV 145 MICROSOFT CORP	594919WI9	1,269.08
11/13	SOLD	20	PUT OEX NOV 705 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791WA0	5,563.28
11/13	BOUGHT	10	PUT OEX NOV 710 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791WB8	3,873.10
11/14	SOLD	8	PUT MSQ NOV 145 MICROSOFT CORP	594919WI9	118.89
11/14	SOLD	10	PUT OEX NOV 705 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791WA0	864.81
11/14	SOLD	20	PUT OEX NOV 710 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791WB8	4,636.28

*Transactions with an asterisk (*) following the dollar amount are reported to the IRS and included in the 1099-B totals.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Member SIPC [illegible]

IMPORTANT TAX DOCUMENT

Account Number 071-330249-064 JAMES P MORAN Tax Period 01/01/96 to 12/31/96

CAPITAL TRANSACTIONS SUMMARY (CONTINUED)

SECURITY TRANSACTIONS (CONTINUED)

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
11/15	BOUGHT	10	PUT IBM DEC 140 INTL BUSINESS MACHINES CORP	459201XH7	2,800 83
11/15	SOLD	20	PUT OEX NOV 715 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791WC6	4,328.65
11/15	BOUGHT	20	PUT OEX NOV 715 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791WC6	2,401.10
11/19	SOLD	10	PUT IBM DEC 140 INTL BUSINESS MACHINES CORP	459201XH7	1,155.25
12/06	SOLD	10	CALL OEX DEC 720 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791LD6	8,082.57
12/06	BOUGHT	10	CALL OEX DEC 720 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791LD6	8,290.95
12/12	BOUGHT	10	CALL OEX DEC 720 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791LD6	6,136 20
12/13	SOLD	10	CALL OEX DEC 720 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791LD6	2,142.02
12/19	SOLD	20	PUT OEX DEC 715 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791XC5	2,718.85
12/19	BOUGHT	20	PUT OEX DEC 715 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791XC5	4,168.60
12/20	SOLD	30	PUT OEX DEC 730 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791XF8	6,138.09
12/20	BOUGHT	30	PUT OEX DEC 730 S & P 100 INDEX CLOSE SETTLE/AMERICAN STYLE	783791XF8	3,202 60
12/24	BOUGHT	10	PUT CPQ JAN 70 COMPAQ COMPUTER CORP	204494MN5	2,104.60
12/24	BOUGHT	10	PUT INQ JAN 125 INTEL CORP	458141ME5	3,873 10

*Transactions with an asterisk (*) following the dollar amount are reported to the IRS and included in the 1099-B totals

TOTAL GROSS PROCEEDS FROM OPTION SECURITIES - NOT REPORTED 53,015.69

A.G. Edwards is not required to report option transactions to the IRS, but the transactions are normally reportable by taxpayers. (See enclosed letter).

* * * * * END OF STATEMENT * * * * *

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Account Number: 71-330249-064

REALIZED GAIN/LOSS

As of 12/31/1996

Page 1

JAMES P MORAN
405 CANNON
HOUSE OFFICE BLDG
WASHINGTON, DC 20515

Investment Broker: J. STUART PIKE
A.G. Edwards & Sons, Inc.
(703) 548-5700
(800) 247-8602

Quantity	Description	Purchase Date	Sale Date	Sale Price	Sale Proceeds	Purchase Price	Cost	Realized Gain/(Loss)
SHORT TERM								
10	PUT BA NOV 95	10/30/96	10/31/96	1.75	1,648.64	2.25	2,357.90	(709.26)
10	PUT IBM DEC 140	11/15/96	11/19/96	1.25	1,155.25	2.688	2,800.83	(1,645.58)
6	PUT MSQ NOV 145	11/13/96	11/14/96	.25	118.99	2.00	1,269.08	(1,150.09)
20	CALL SLB NOV 100	10/31/96	11/07/96	1.25	2,345.11	2.188	4,547.05	(2,201.94)
					SHORT TERM TOTALS:		GAIN	.00
							LOSS	(5,706.87)
							NET	(5,706.87)
INDEX OPTIONS								
7	CALL OEX NOV 685	11/04/96	11/07/96	19.75	13,276.39	6.625	4,750.04	8,526.35
10	CALL OEX DEC 720	12/06/96	12/06/96	8.25	8,082.57	8.125	8,290.95	(208.38)
10	CALL OEX DEC 720	12/12/96	12/13/96	2.25	2,142.02	5.00	5,136.20	(2,994.18)
20	PUT OEX NOV 705	11/11/96	11/13/96	2.875	5,563.26	3.00	6,170.20	(606.94)
10	PUT OEX NOV 705	11/11/96	11/14/96	.938	864.81	3.375	3,469.05	(2,604.24)
10	PUT OEX NOV 710	11/11/96	11/14/96	2.125	2,045.50	4.50	4,630.00	(2,584.50)
10	PUT OEX NOV 710	11/13/96	11/14/96	2.688	2,590.76	3.75	3,873.10	(1,282.34)
20	PUT OEX NOV 715	11/15/96	11/15/96	2.25	4,326.65	1.125	2,401.10	1,925.55
20	PUT OEX DEC 715	12/19/96	12/19/96	1.438	2,716.65	2.00	4,168.60	(1,451.95)
30	PUT OEX DEC 730	12/20/96	12/20/96	2.125	6,139.09	1.00	3,202.60	2,936.49
						INDEX TOTAL:	GAIN	13,388.39
							LOSS	(11,732.53)
							NET	1,655.86
							TOTAL GAIN/LOSS:	(4,051.01)

This report represents a summary of your investments and has been prepared for your convenience. The prices/information contained herein have been obtained from sources believed reliable, and although A.G.Edwards & Sons, Inc. has made every attempt to make it as complete as possible, this information should not be considered a replacement for official documents such as trade confirmations, account statements and 1099 forms, which should be retained for tax purposes.

PROFIT/LOSS STATEMENT
PREPARED FOR:
JAMES P. MORAN, JR.
A/C #652-7626

SECURITY DESCRIPTION	PURCHASE DATE	QUANTITY BOUGHT	PURCHASE AMOUNT	SALE DATE	QUANTITY SOLD	AMOUNT OF SALE	PROFIT/ (LOSS)
Put 100 S&P 100 @ 595	01/02/96	10	$7,455.62	01/04/96	10	$8,155.51	$699.89
Call S&P 100 @ 580	01/10/96	10	$3,200.00	01/15/96	10	$1,350.33	($1,849.67)
Put 100 S&P 500 @ 610	01/23/96	6	$3,825.00	01/29/96	6	$1,237.45	($2,587.55)
Put 100 S&P 500 @ 615	01/29/96	5	$1,637.50	02/05/96	5	$552.56	($1,084.94)
Put 100 S&P 100 @ 620	02/16/96	5	$633.87	02/22/96	5	$0.00	($633.87)
Put 100 S&P 500 @ 635	04/12/96	20	$21,315.29	04/11/96	20	$23,553.82	$2,238.53
Put 100 S&P 500 @ 630	04/12/96	10	$4,159.49	04/11/96	10	$6,550.20	$2,390.71
Put 100 S&P 500 @ 625	04/12/96	10	$1,879.68	04/11/96	10	$4,944.85	$3,065.17
Put 100 S&P 500 @ 635	04/12/96	20	$14,815.20	04/17/96	20	$2,060.59	($12,754.61)
Put 100 S&P 500 @ 630	04/17/96	20	$1,393.50	04/17/96	20	$1,106.45	($287.05)
Put 100 S&P 100 @ 630	05/01/96	10	$8,214.67	05/06/96	10	$15,935.18	$7,720.51
Put 100 Mobil Corp. @ 110	05/01/96	30	$3,250.59	05/06/96	30	$3,490.61	$240.02
Put 100 Telefonos De Mexico @ 35	04/29/96	30	$3,944.45	05/06/96	30	$5,887.19	$1,942.74
Put 100 S&P 100 @ 615	05/06/96	25	$17,909.84	05/07/96	25	$17,089.57	($820.27)
Put 100 S&P 100 @ 615	05/08/96	10	$3,325.42	05/09/96	10	$3,174.47	($150.95)
Put 100 Wells Fargo @ 240	05/17/96	20	$2,946.39	05/17/96	10	$419.48	($2,526.91)
Put 100 S&P 100 @ 640	05/17/96	20	$3,452.17	05/17/96	20	$75.99	($3,376.18)
Put 100 Mobil Corp. @ 110	05/17/96	50	$761.00		Expired Worthless		
Put 100 Hewlett Packard Co. @ 105	05/17/96	20	$851.50	05/17/96	10	$90.99	($760.51)
Put 100 Micron Tech. @ 30	06/17/96	10	$1,244.24	06/19/96	10	$2,002.58	$758.34
Put 100 Intel Corp. @ 70	06/17/96	10	$565.50	06/19/96	10	$319.98	($245.52)
Put 100 Hewlett Packard Co. @ 100	06/17/96	10	$2,388.01	06/19/96	10	$3,222.59	$834.58
Put 100 Motorola, Inc. @ 65	06/18/96	10	$2,006.76	06/19/96	10	$2,419.50	$412.74
Put 100 American Intl Group @ 95	06/19/96	10	$836.50	06/21/96	10	$434.48	($402.02)
Put 100 Sun Microsystems @ 60	06/21/96	20	$953.40	06/21/96	20	$190.49	($762.91)
Put 100 Gannett, Inc. @ 70	07/02/96	10	$1,498.42	07/11/96	10	$1,128.61	($369.81)
Put 100 Walt Disney Co. @ 60	07/02/96	20	$1,122.50	07/10/96	20	$4,283.26	$3,160.76
Put 100 Texas Instruments @ 50	07/03/96	10	$1,117.16	07/11/96	10	$4,334.58	$3,217.42
Put 100 S&P 100 @ 645	07/03/96	20	$12,316.61	07/03/96	10	$5,531.81	
Put 100 S&P 100 @ 645		see buy above		07/11/96	10	$19,392.82	$12,608.02

Put 100 Nike, Inc. @ 105	07/03/96	10	$2,642.18	07/11/96	10	$2,851.95	$209.77
Put 100 Iomega Corp. @ 25	07/03/96	10	$1,816.13	07/11/96	10	$1,039.98	($776.15)
Put 100 Chase Manhattan Corp. @ 70	07/03/96	20	$2,185.16	07/09/96	10	$2,357.73	
Put 100 Chase Manhattan Corp. @ 70		see buy above		07/10/96	10	$2,111.91	$2,284.48
Put 100 Boeing Co. @ 90	07/03/96	20	$1,935.60	07/10/96	20	$3,424.88	$1,489.28
Put 100 Sun Microsystems @ 55	07/05/96	20	$3,957.94	07/11/96	20	$10,695.09	$6,737.15
Put 100 Motorola, Inc. @ 60	07/05/96	10	$701.00	07/09/96	10	$205.49	($495.51)
Put 100 Micron Tech. @ 25	07/05/96	10	$972.00	07/11/96	10	$2,111.91	$1,139.91
Put 100 Iomega Corp. @25	07/05/96	20	$3,452.17	07/11/96	20	$2,079.98	($1,372.19)
Put 100 Digital Equipment Corp. @ 40	07/05/96	20	$4,716.59	07/11/96	15	$11,682.99	$6,966.40
Put 100 Circuit City Stores @ 35	07/05/96	20	$2,185.16	07/11/96	20	$2,553.51	$368.35
Put 100 S&P 100 @ 630	07/11/96	20	$6,497.20	07/15/96	20	$2,553.51	($3,943.69)
Call 100 S&P 100 @ 620	07/17/96	25	$3,667.49	07/18/96	25	$7,210.63	$3,543.14
Call 100 S&P 100 @ 150	07/18/96	30	$8,575.00	07/18/96	30	$10,888.40	$2,313.40
Call 100 S&P 100 @ 635	07/18/96	40	$11,791.38	07/18/96	40	$23,942.46	$12,151.08
Call 100 Electronic Data Systems @ 50	07/18/96	30	$5,918.31	07/18/96	30	$5,776.43	($141.88)
Call 100 S&P 100 @ 620	07/19/96	60	$7,217.85	07/19/96	60	$244.98	($6,972.87)
Call 100 S&P 100 @ 615	07/19/96	30	$21,257.84	07/19/96	60	$14,987.74	($6,270.10)
Call 100 AT&T @ 55	07/19/96	30	$866.50	07/18/96	30	$633.47	($233.03)
Put 100 S&P 100 @ 595	07/22/96	30	$23,364.99	07/23/96	30	$25,360.00	$1,995.01
Call 100 Mobil Corp. @ 115	07/22/96	25	$6,207.76	08/01/96	25	$1,098.95	($5,108.81)
Put 100 S&P 100 @ 590	07/23/96	30	$15,026.95	07/23/96	30	$17,556.70	$2,529.75
Put 100 S&P 100 @ 600	07/24/96	30	$39,972.63	08/02/96	30	$2,326.43	($37,646.20)
Put 100 AC Major Market @ 545	07/24/96	30	$38,579.52	08/12/96	30	$289.98	($38,289.54)
Put 100 S&P 100 @ 625	08/06/96	20	$18,348.78	08/12/96	20	$13,288.30	($5,060.48)
Put 100 S&P 100 @ 625	08/06/96	10	$9,174.40	08/08/96	10	$7,414.59	($1,759.81)
Put 100 S&P 100 @ 615	08/09/96	10	$5,171.05	08/06/96	10	$6,920.65	$1,749.60
Put 100 S&P 100 @ 635	08/06/96	30	$18,822.24	08/06/96	30	$13,111.17	($5,711.07)
Put 100 Micron Tech @ 20	08/06/96	60	$3,350.50	08/09/96	60	$374.98	($2,975.52)
Put 100 Microsoft Corp. @ 120	08/06/96	30	$5,918.31	08/07/96	30	$3,119.95	($2,798.36)
Put 100 Circuit City Stores @ 30	08/06/96	30	$5,538.78	08/09/96	30	$461.73	($5,077.05)
						TOTAL GAIN/LOSS	($68,478.28)

(5)

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U S HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

JERRY MORAN
(Full Name)

2758 Thunderbird Dr., Havs, Kansas 67601
(Mailing Address)

(202)225-2715
Daytime Telephone

Filer Status ☒ Member of the U S House of Representatives State Kansas District First ☐ Officer or Employee Employing Office

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☒	No ☐
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL
Jerry Moran

DATE (Month/Day/Year)
5-13-97

Name JERRY MORAN Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Jeter & Moran, a partnership, Hays, Kansas	Partnership Draw	$58,849
	State of Kansas, Topeka, Kansas	Legislative Salary	$13,312

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Name JERRY MORAN

Page 3 **of** 5

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in “unearned” income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be “None.”

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in “NA” for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Jeter & Moran,a partnership	X											partnership int.												X				
	Emprise Bank,N.A.accounts,Hays,Ks.				X										X							X							
	First Fed.Lincoln accnts,Plainville Ks.			X											X						X								
DC	Sunflower Bank,N.A.accounts,Hays,Ks.		X												X					X									
JT	Farmers Credit Union accnts,Hays,Ks.		X												X				X										
DC	Emprise Bank,N.A.accounts,Hays,Ks.		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name JERRY MORAN

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Exxon Corporation,common stock			X									X							X									
JT	Hallibarton Corporation,common stock		X										X						X										
JT	Schlumberger Ltd,common stock		X										X						X										
JT	Texaco,Inc.,common stock		X										X						X										
JT	Boeing Company,common stock		X										X						X										
	Franklin Gold Fund,mutual fund	X											X			X			X										
	Aetna Variable Fund,mutual fund		X										X			X			X										
	Aetna Fixed Account,mutual fund			X											X					X									
	Fidelity VIP-Portfolio,mutual fund		X										X			X			X										
	Janus Aspen Growth Portfolio,mutual fund		X										X			X			X										
SP	Lincoln Life Growth & Income,mutual fund		X										X			X				X									
SP	Lincoln Life Special Opportunities, mutual fund		X										X			X				X									
	American Capital World Growth,mutual fund		X										X		X	X				X									
DC	Golden Plains Credit Union,accounts Hays,Ks.		X												X				X										

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Name JERRY MORAN	**Page** 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Ft.Hays State University Endowment Association, Hays,Ks.
Governor	Bd.of Governors,University of Ks.,School of Law,Lawrence,Ks.
Director	Kansas Association of Commerce & Industry, Topeka,Ks. (Resigned 1-7-97)
Partner	Jeter & Moran, a partnership, Hays,Ks. (Dissolved 12-31-96)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

CONSTANCE A. MORELLA (Full Name)

2228 RAYBURN BUILDING
WASHINGTON, D.C. 20515 (Mailing Address)

202-225-5341 (Daytime Telephone)

Filer Status	☑ Member of the U S House of Representatives — State Maryland, District 8	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Constance A. Morella

DATE (Month/Day/Year) MAY 15, 1997

Name CONSTANCE A. MORELLA

Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	AMERICAN UNIVERSITY, WASHINGTON, D.C.	SPOUSE SALARY	NA
	STATE OF MARYLAND	TEACHER /LEGISLATOR	
		PENSION & ANNUITY	$ 17,982
	SP-AMEX IRA IDS FUND	SPOUSE IRA/SEP	
		DISTRIBUTION	$ 9,040

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name CONSTANCE A. MORELLA

Page 3 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	AMETEK, INC.			X									X																
	COMSAT CORP.		X										X							X									S
	EXXON CORP.			X									X							X									
	GIANT FOOD, INC.			X									X							X									
	IMATION CORP.		X										X						X										P
	MERCK & CO.			X									X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Constance A. Morella

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Minnesota Mining			X									X							X									
	Morgan, J. P. & Co.			X									X							X									
	New Plan Realty Trust			X									X								X								
	Pfizer, Inc.			X									X							X									
	Storage Tech Corp.			X											X				X										
	USX - Marathon		X										X							X									
	Schwab Money MKT Fund			X											X						X								
	Nations Bank : IRA			X											X				NA										
	Oppenheimer Fund		X										X						X										P
	Consumers United		X												X				NA										
	East Cambridge Savings		X												X					X									
SP	Occidental Petrol		X										X							X									
SP	Potomac Electric Power Co.		X										X							X									
SP	U.S. F&G Corp.		X										X						X										
SP	Schwab Money MKT		X										X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Constance A. Morella

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	NATIONS BANK: IRA			X											X				NA										
SP	CONSUMERS UNITED DEF.		X												X				NA										
SP	OPPENHEIMER FUND		X										X						NA										P
SP	TIAA-CREF PENSION						X								X				NA										
SP	STOCK: ~~HEWES~~ MORELLA, et al., P.C.	X																	NA										S
JT	U.S. SAVINGS BONDS			X																									
JT	607 TWINBROOK PKWY					X																							
	ROCKVILLE, MD																												
JT	VAN KAMPEN MERIT		X												X					X									
	MD STATE DEFERRED COMP			X											X				NA										

This page may be copied if more space is required.

Name Constance A. Morella

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	COMSAT CORP		X		11-19-96	X									
	IMATION CORP	X			11-26-96	X									
	OPPENHEIMER FUNDS —														
	(NATIONS BANK: IRA ROLLOVER)	X			7-23-96	X									
SP	OPPENHEIMER FUNDS —														
	(NATIONS BANK: IRA ROLLOVER)	X			7-23-96	X									
SP	AMEX iDS FUND														
	IRA/SEP DISTRIBUTION			X	1-9-96	X									
SP	STOCK: HEWES MORELLA, et al, P.C.		X		1-30-96	X									

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Name CONSTANCE A. MORELLA

Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
JT	CAPSTEAD MORTGAGE CO.	MORTGAGE ON 6601 Millwood Rd. Bethesda, MD			X							
SP	INLAND MORTGAGE CO.	MORTGAGE CO-MAKER			X							
		506 Linthicum St. Rockville, MD										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name CONSTANCE A. MORELLA   Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
CANADA-U.S. LEGISLATIVE VISITS PROGRAM		Mar 18-19	Wash, D.C-Ottawa-Wash, D.C	Y	Y	N	N
HUMAN RIGHTS PROJECT		Mar 31-Apr 8	Wash, D.C.-New Delhi, India-Wash, D.C	Y	Y	N	N
ASPEN INSTITUTE: U.S. TRADE DEFICIT CONFERENCE		May 21-28	Wash, D.C.—Hamilton, Bermuda—Wash, D.C.	Y	Y	Y	N
GLAMOUR MAGAZINE WOMEN OF THE YEAR PROGRAM		Nov. 11	Wash, D.C. - N.Y.C.	Y	Y	Y	N
ASPEN INSTITUTE: ENVIRONMENT CONFERENCE		Nov 12-17	N.Y.C. - Lisbon - Wash., D.C.	Y	Y	Y	N

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Name CONSTANCE A. MORELLA	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
ADVISORY BOARD	CAFRITZ FOUNDATION, WASHINGTON, D.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement

GPO 1997 38–554 (mac)

Use additional sheets if more space is required.

③

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 AM 8:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
WC
(Office Use Only)

JOHN P. MURTHA, JR.
(Full Name)

109 COLGATE AVENUE

JOHNSTOWN, PA 15905
(Mailing Address)

Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives State: PA District: 12TH	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
5/12/97

Name JOHN P. MURTHA, JR.

Page 2 **of** 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."											BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.						BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.										BLOCK E **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	
SP, DC, JT	For further information, see Instructions, pages 14–20.	None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP	*Examples.* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	CHARLES SCHWAB		X										X						X										
SP	CONGRESSIONAL F.C.U.		X												X					X									
	WESBANCO, INC.			X									X							X									
	CENWEST NATIONAL BANK		X												X				N/A-IRA										
SP	CENWEST NATIONAL BANK		X												X				N/A-IRA										
	CONGRESSIONAL F.C.U.		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN P. MURTHA, JR. **Page** 3 **of** 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K							I	II	III	IV	V	VI	VII	VIII	IX	X	P, S, E
		None – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000, 001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	
SP	MENTOR GROWTH TRUST, INC.			X												X						X							
SP	J. R. FINDEISEN (PARENTS ESTATE)		X												X					X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

97 MAY 15 PM 7:42
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Sue Myrick (Full Name)

230 Cannon HOB (Mailing Address)
Washington, DC 20515

202-225-1976 (Daytime Telephone)

MC HAND DELIVERED
(Office Use Only)

Filer Status: ☑ Member of the U S House of Representatives State District NC 09 ☐ Officer or Employee Employing Office

Report Type: ☑ Annual (May 15) ☐ Amendment ☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☑
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Sue Myrick

DATE (Month/Day/Year) 5/15/97

Name Myrick Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Myrick Ent/Adv.	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Myrick | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1996	$2,000
	XYZ Magazine	Article	Aug 13, 1996	$500
	none			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Mujick

Page 4 of 9

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
SP, DC, JT		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St , Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	310 W. 8th St./505 N. Poplar						X																						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Myrick

Page 5 of 9

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	0																												

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Name Page 6 of 9

SCHEDULE IV — TRANSACTIONS

		Type of Transaction			Date	Amount of Transaction									
Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP, DC, JT	Asset														
SP	*Example:* Mega Corporation Common Stock	X			10–12–96		X								
	0														

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Name Myrick | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	O											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
O		

Use additional sheets if more space is required.

Name | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–26.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	O						

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Name Mezick	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
none	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	none	

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(6)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1996

FORM A
For use by Members, officers, and employees

Jerrold Lewis Nadler
(Full Name)

315 West 70th Street, Apt. 3C
New York, N.Y. 10023
(Mailing Address)

(202) 225-5635
(212) 334-3207
Daytime Telephone

MC HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U S House of Representatives State NY District 8	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11)	Yes ☐	No ☒
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Jerrold Nadler

DATE (Month/Day/Year) 5/12/97

Name Jerrold Lewis Nadler | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York State Comptroller's Office	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Terrold Lewis Nadler

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B

Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C

Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D

Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	BLOCK B											BLOCK C						BLOCK D										BLOCK E
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000, 001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001– $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Smith Barney Money Funds		X										X							X									
	N.Y.S. Energy Research+Dev. Auth.			X											X						X								
	Chase Manhattan Bank Account		X												X				X										
	Eott Energy Partners, L.P.		X										Partnership Income								X								
	Metropolitan Transp Auth Bond			X											X						X								
	Republic Natl. Bank		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Terrold Lewis Nadler

Page 4 of 6

	BLOCK A	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	New York City Bond			X											X				X										
	Smith Barney Money Funds		X										X						X										
	Amerigas Partnership, L.P.		X										Partnership Income							X									
	Histadrut Charitable Remainder Trust		X												X				X										
	U.S. Savings Bonds.		X												X				X										

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SCHEDULE V — LIABILITIES

Name Jerrold Lewis Nadler

Page 5 of 6

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St , Dover, Del.				X						
	Congressional Federal Credit Union	Revolving Charge Account	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 52 of the 104th Congress, renumbered as House Rule 51 of the 105th Congress) prohibits gifts except as specifically provided in the rule. For further information, see Instructions, pages 22–24.

Source	Description	Value
Example: Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name Jerrold Lewis Nadler

Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, National Governing Council	American Jewish Congress
Vice President	Americans for Democratic Action
Co-Chairman	New York Task Force on the Port, Rail, and Industrial Development
Member, Bd. of Directors	Community Free Democrats

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26–27.

Date	Parties To	Terms of Agreement
	NONE	

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Continued in H. Doc. 105–110, Vol. 3 of 3

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